

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90113 035 \*\*\*150.00

0482032

**DOCUMENT # F95000004016**

1. Entity Name  
**SIEMENS WESTINGHOUSE OPERATING SERVICES COMPANY**

Principal Place of Business      Mailing Address  
**4400 ALAFAYA TRAIL                      4400 ALAFAYA TRAIL**  
**ORLANDO FL 32826                      ORLANDO FL 32826**

**C0041265**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      c/o Siemens Corporation

Suite, Apt. #, etc.  
**186 Wood Avenue South**

City & State                      City & State  
**Iselin, NJ**

4. FEI Number **52-1715538**      Applied For  
 Not Applicable

Zip      Country                      Zip      Country  
**08830                      USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>READER, RUSSELL B</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>ARTINGER, R.F.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ronald F. Artinger</b> <b>4400 Alafaya Trail</b> <b>Orlando, FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>JOHNSON, D. M.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director/President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Don M. Johnson</b> <b>4400 Alafaya Trails</b> <b>Orlando, FL 32826</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>TABBUTT, J J</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Philip A. Craig</b> <b>1000 Deerfield Parkway</b> <b>Buffalo Grove, IL 60089</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BROWN, SUSAN</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>George Pompetzki</b> <b>186 Wood Avenue South</b> <b>Iselin, NJ 08830</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: George Pompetzki      George Pompetzki      3/16/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)