


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90079 050 ***150.00

DOCUMENT # F95000004016

1. Entity Name
SIEMENS WESTINGHOUSE OPERATING SERVICES COMPANY



Principal Place of Business: **4400 ALAFAYA TRAIL ORLANDO, FL 32826**

Mailing Address: **C/O SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830**

34052951



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01092004 Chg-P CR2E034 (10/03)

City & State: City & State

Zip: Country Zip: Country

4. FEI Number: **52-1715538**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		
TITLE NAME	AS READER, RUSSELL B	<input type="checkbox"/> Delete
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE NAME	D ZALTSBERG, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE NAME	DP JOHNSON, D. M.	<input type="checkbox"/> Delete
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE NAME	VP CRAIG, PHILIP A	<input type="checkbox"/> Delete
STREET ADDRESS	1000 DEERFIELD PARKWAY	
CITY-ST-ZIP	BUFFALO GROVE, IL 60089	
TITLE NAME	VT ZIKE, HARRY W	<input type="checkbox"/> Delete
STREET ADDRESS	4400 ALAFAYA TRAIL	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE NAME	AS POMPETZKI, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	170 WOOD AVENUE SOUTH	
CITY-ST-ZIP	ISELIN, NJ 08830	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	Assistant Secretary Alan Gotliffe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	170 Wood Avenue South	
CITY-ST-ZIP	Iselin, NJ 08830	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Gotliffe Alan Gotliffe, Assistant Secretary 3/22/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #