

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F95000004016 1. Entity Name SIEMENS WESTINGHOUSE OPERATING SERVICES COMPANY			90073230
Principal Place of Business 4400 ALAFAYA TRAIL ORLANDO, FL 32826		Mailing Address C/O SIEMENS CORPORATION 186 WOOD AVENUE ISELIN, NJ 08830	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address c/o Siemens Corporation Suite, Apt. #, etc. 170 Wood Avenue South	
City & State Orlando, FL		City & State Iselin, NJ	
Zip 32826		Zip 08830	
Country FL		Country USA	
4. FEI Number 52-1715538		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's consent required when requesting.)</small>			
FILE NOW! FEE IS \$150.00 After May 15, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE AS <input type="checkbox"/> Delete NAME READER, RUSSELL B STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Louis Zaltsberg STREET ADDRESS 4400 Alafaya Trail CITY-ST-ZIP Orlando, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> Delete NAME ARTINGER, R.F. STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE DP <input type="checkbox"/> Delete NAME JOHNSON, D. M. STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VP/Treasurer STREET ADDRESS Harry W. Zike CITY-ST-ZIP 4400 Alafaya Trail Orlando, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP <input type="checkbox"/> Delete NAME CRAIG, PHILIP A STREET ADDRESS 1000 DEERFIELD PARKWAY CITY-ST-ZIP BUFFALO GROVE, IL 60089	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S <input checked="" type="checkbox"/> Delete NAME BROWN, SUSAN STREET ADDRESS 4400 ALAFAYA TRAIL CITY-ST-ZIP ORLANDO, FL 32826	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE AS <input type="checkbox"/> Delete NAME POMPETZKI, GEORGE STREET ADDRESS 186 WOOD AVENUE SOUTH CITY-ST-ZIP ISELIN, NJ 08830	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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: <u>George Pompetzki</u> <small>SIGNATURE (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		George Pompetzki, Assistant Secretary 3/27/03 <small>Date</small>	

CR2E034 (10/02)