

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000347

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: THE SIEBOLD COMPANY, INC.

**Current Principal Place of Business:**

4201 NW 124 AVENUE  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 8789  
CORAL SPRINGS, FL 33075 US

**New Mailing Address:**

FEI Number: 58-1909093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIEBOLD, JAMES  
4201 NW 124 AVE  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPT ( ) Delete  
Name: SIEBOLD, JAMES  
Address: 4201 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: DVS ( ) Delete  
Name: SIEBOLD, WILLIAM  
Address: 4201 NW 124 AVE  
City-St-Zip: CORAL SPRINGS, FL 33065 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SIEBOLD

PRES

02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date