

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 13, 1999 8:00 am  
Secretary of State

03-13-1999 90003 002 \*\*\*600.00

DOCUMENT # F97000001622

1. Corporation Name

SIBAG INVESTMENTS, INC.

Principal Place of Business  
1301 AVE OF THE AMERICAS  
NEW YORK NY 10019

Mailing Address  
1301 AVE OF THE AMERICAS  
NEW YORK NY 10019



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

13-3201049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	JOHANSSON, G O	
STREET ADDRESS	51 W MAIN ST	
CITY-ST-ZIP	BROOKSIDE NJ 07926	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MITTAG, JUERGEN	
STREET ADDRESS	26110 RED OAK CT	
CITY-ST-ZIP	BONITA SPGS FL 34134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLAKER, E M	
STREET ADDRESS	17 CHERRY TREE LANE	
CITY-ST-ZIP	RIVERSIDE CT 06878	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	GISH, DENNIS C	
STREET ADDRESS	21 ENSIGN LANE	
CITY-ST-ZIP	MASSAPEQUA NY 11758	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEWDECK, CHRISTINE M	
STREET ADDRESS	2219 BROOKLINE RD	
CITY-ST-ZIP	WILMINGTON DE 19803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLUTH, GERHARD	
STREET ADDRESS	C/O SIEMENS AG -WITTELSBACHERPLATZ 2	
CITY-ST-ZIP	8000 MUNICH GERMANY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)