

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 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 036 ***150.00

DOCUMENT # **F98000005468**

1. Corporation Name
SIEMENS WESTINGHOUSE TECHNICAL SERVICES, INC.

Principal Place of Business
**100 TECHNOLOGY DRIVE
ALPHARETTA GA 30005**

Mailing Address
**100 TECHNOLOGY DRIVE
ALPHARETTA GA 30005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1998

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 1301 Ave. of the Americas

28 New York NY

29 10019 30

4. FEI Number

13-4018191

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

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 **PCEO** ☐ DELETE
NAME **HAUCK, OLIVER O**
STREET ADDRESS **100 TECHNOLOGY DRIVE**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **VCFO** ☐ DELETE
NAME **EDER, JEFFREY D**
STREET ADDRESS **100 TECHNOLOGY DRIVE**
CITY-ST-ZIP **ALPHARETTA GA 30005**

TITLE **S** ☒ DELETE
NAME **FEUSS, LINDA U**
STREET ADDRESS **3333 STATE BRIDGE ROAD**
CITY-ST-ZIP **ALPHARETTA GA 30202**

TITLE **AS** ☐ DELETE
NAME **DIPAULO, BARRETT S**
STREET ADDRESS **1301 AVENUE OF THE AMERICAS - 42ND FL**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☐ DELETE
NAME **GABRIEL, GARY**
STREET ADDRESS **2185 DERRY RD WEST, MISSISSAUGA, ONTARIO**
CITY-ST-ZIP **L5N 7A6 CANADA**

TITLE **D** ☐ DELETE
NAME **GOLLER, ALBERT**
STREET ADDRESS **2185 DERRY RD WEST, MISSISSAUGA, ONTARIO**
CITY-ST-ZIP **L5N 7A6 CANADA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **AS**
2.3 STREET ADDRESS **George Pompetzki**
2.4 CITY-ST-ZIP **1301 Avenue of the Americas
New York, NY 10019**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **Adrienne D. Whitehead**
3.4 CITY-ST-ZIP **3333 Old Milton Parkway
Alpharetta, GA 30202**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Gabriel Gary**
5.4 CITY-ST-ZIP **3333 Old Milton Parkway
Alpharetta, GA 30202**

6.1 TITLE ☐ Change ☐ 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:

George Pompetzki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/99 (212) 258-4223

CR2E034 (1/98)