

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90187 037 ***150.00

DOCUMENT # F98000005626

1. Entity Name
SIEMENS BUILDING TECHNOLOGIES, INC.



Principal Place of Business
**1000 DEERFIELD PKWY.
BUFFALO GROVE, IL 60089**

Mailing Address
**1000 DEERFIELD PKWY.
LEGAL DEPARTMENT
BUFFALO GROVE, IL 60089**

50048463



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072005

Chg-P

CR2E034 (10/03)

4. FEI Number

13-2762488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**- FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Delete
NAME: **HIESINGER, HEINRICH DR.**
STREET ADDRESS: **BELLERIVESTRASSE 36**
CITY-ST-ZIP: **ZURICH, SW CH-8034**

TITLE: ☐ Change ☐ Addition
NAME: **Director**
STREET ADDRESS: **Albert Meringer**
CITY-ST-ZIP: **Beethoven Strasse**
Erlangen Germany

TITLE: ☒ Delete
NAME: **RENN, ROLF**
STREET ADDRESS: **HORNHALDENSTRASSE 7**
CITY-ST-ZIP: **KILSHBERG, SW CH-8022**

TITLE: ☐ Change ☐ Addition
NAME: **Director**
STREET ADDRESS: **John Osmond**
CITY-ST-ZIP: **5462 Timberlea Blvd.**
Mississauga, Ontario L4W2T7

TITLE: ☒ Delete
NAME: **STEGEMAN, KLAUS**
STREET ADDRESS: **153 E. 53RD STREET FLOOR 56**
CITY-ST-ZIP: **NEW YORK, NY 10022**

TITLE: ☐ Change ☐ Addition
NAME: **CFO**
STREET ADDRESS: **Kenoko Toure**
CITY-ST-ZIP: **1000 Deerfield Pkwy.**
Buffalo Grove, IL 60089

TITLE: ☒ Delete
NAME: **NOLEN, GEORGE**
STREET ADDRESS: **153 E. 53RD STREET FLOOR 56**
CITY-ST-ZIP: **NEW YORK, NY 10022**

TITLE: ☐ Change ☐ Addition
NAME: **Ass't Secretary**
STREET ADDRESS: **Alan Gotliffe**
CITY-ST-ZIP: **170 Wood Ave. South**
Iselin, NJ 08830

TITLE: ☐ Delete
NAME: **KUNKA, STANLEY**
STREET ADDRESS: **100 DEERFIELD PKY**
CITY-ST-ZIP: **BUFFALO GROVE, IL 60089**

TITLE: ☒ Change ☐ Addition
NAME: **President**
STREET ADDRESS: **Stanley Kunka**
CITY-ST-ZIP: **1000 Deerfield Pkwy.**
Buffalo Grove, IL 60089

TITLE: ☐ Delete
NAME: **HISLIP, DANIEL W**
STREET ADDRESS: **1000 DEERFIELD PARKWAY**
CITY-ST-ZIP: **BUFFALO GROVE, IL 60089**

TITLE: ☐ Change ☐ Addition
NAME: **Ass't Secretary**
STREET ADDRESS: **Alan Gotliffe**
CITY-ST-ZIP: **170 Wood Ave. South**
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

4/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #