

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90153 037 ***150.00

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1. Entity Name
SIEMENS BUILDING TECHNOLOGIES, INC.

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

Mailing Address
**1000 DEERFIELD PKWY.
BUFFALO GROVE IL 60089**

2. Principal Place of Business

3. Mailing Address

1000 DEERFIELD PKWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LEGAL DEPARTMENT

City & State

City & State

BUFFALO GROVE, IL

Zip

Country

Zip

Country

60089

USA

☒ CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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 **C** ☐ Delete
NAME **RONNER, OSKAR K**
STREET ADDRESS **BELLERIVESTRASSE 36**
CITY-ST-ZIP **ZURICH, SWITZERLAND CH-8022**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RENZ, ROLF**
STREET ADDRESS **HORNHALDENSTRASSE 7**
CITY-ST-ZIP **KILSHBERG SW CH-8802**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HANS, GEORGE (JAKOB)**
STREET ADDRESS **ROOSSTRASSE 3, P O BOX 60**
CITY-ST-ZIP **WOLLERAU SW CH-8832**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **OSKER, RONNER**
STREET ADDRESS **SEETRASEE 147**
CITY-ST-ZIP **SWITZERLAND CH 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **S KUNKA, STANLEY**
STREET ADDRESS **1000 DEERFIELD PKY**
CITY-ST-ZIP **BUFFALO GROVE, IL 60089**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL W. HISLIP
SECRETARY

Date

Daytime Phone #

1/20/2003

847/215-1000

CR2E034 (10/02)