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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000006339

1. Corporation Name

SIEMENS INFORMATION AND COMMUNICATION NETWORKS, INC.

Principal Place of Business
900 BROKEN SOUND PKWY.
BOCA RATON FL 33487

Mailing Address
900 BROKEN SOUND PKWY.
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1998

4. FEI Number

52-2122392

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.

2a. Mailing Address

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

24
Country

25
Country

29
Country

30
Country

9. Name and Address of Current Registered Agent

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

81. Name

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

83.

84. City

FL

85. Zip Code

10. Name and Address of New Registered Agent

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

1.1 TITLE **VCFO** ☐ DELETE

1.2 NAME **DIEHN, DIETRICH-ARNDT**
1.3 STREET ADDRESS **900 BROKEN SOUND PKWY.**
1.4 CITY-ST-ZIP **BOCA RATON FL 33487**
2.1 TITLE **PCEO** ☐ DELETE

2.2 NAME **FROMM, FREDERICK R**
2.3 STREET ADDRESS **900 BROKEN SOUND PKWY.**
2.4 CITY-ST-ZIP **BOCA RATON FL 33487**
3.1 TITLE **AS** ☐ DELETE

3.2 NAME **POMPETZKI, GEORGE**
3.3 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**
3.4 CITY-ST-ZIP **NEW YORK NY 10019**
4.1 TITLE **AS** ☐ DELETE

4.2 NAME **TEICH, JILL F**
4.3 STREET ADDRESS **1301 AVENUE OF THE AMERICAS**
4.4 CITY-ST-ZIP **NEW YORK NY 10019**
5.1 TITLE **D** ☐ DELETE

5.2 NAME **KOCH, ROLAND**
5.3 STREET ADDRESS **HOFMANSTRASSE 51, D-81359 MUNICH**
5.4 CITY-ST-ZIP **GERMANY**
6.1 TITLE **D** ☐ DELETE

6.2 NAME **BERNSAU, HANS-WALTER**
6.3 STREET ADDRESS **SIEMENS STROMBERG-CARLSON**
6.4 CITY-ST-ZIP **MUNICH GERMANY**

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
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ass't Secretary

Date

Daytime Phone #

CR2E034 (1/98)