

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90113 036 ***150.00

DOCUMENT # F98000006339

1. Entity Name

SIEMENS INFORMATION AND COMMUNICATION NETWORKS,

Principal Place of Business

**900 BROKEN SOUND PKWY.
BOCA RATON FL 33487**

Mailing Address

**900 BROKEN SOUND PKWY.
BOCA RATON FL 33487**

2. Principal Place of Business

3. Mailing Address

c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

186 Wood Avenue South

City & State

City & State

Iselin, NJ

Zip

Country

Zip

Country

08830

USA

4. FEI Number

52-2122392

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VCFO** ☐ Delete
NAME **DIEHN, DIETRICH-ARNDT**
STREET ADDRESS **900 BROKEN SOUND PKWY.**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

TITLE **PCEO** ☒ Delete
NAME **FROMM, FREDERICK R**
STREET ADDRESS **900 BROKEN SOUND PKWY.**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **President/CEO** ☐ Change ☒ Addition
NAME **Anthony T. Maher**
STREET ADDRESS **Hofmannstr. 51**
CITY-ST-ZIP **Munich D-81359 Germany**

TITLE **AS** ☐ Delete
NAME **POMPETZKI, GEORGE**
STREET ADDRESS **1301 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10019**

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

TITLE **AS** ☒ Delete
NAME **TEICH, JILL F**
STREET ADDRESS **1301 AVENUE OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **Assistant Secretary** ☐ Change ☒ Addition
NAME **Cory D. Heith**
STREET ADDRESS **900 Broken Sound Parkway**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE **D** ☐ Delete
NAME **KOCH, ROLAND**
STREET ADDRESS **HOFMANSTRASSE 51, D-81359 MUNICH**
CITY-ST-ZIP **GERMANY**

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

TITLE **D** ☐ Delete
NAME **BERNSAU, HANS-WALTER**
STREET ADDRESS **SIEMENS STROMBERG-CARLSON**
CITY-ST-ZIP **MUNICH GERMANY**

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Pompetzki

George Pompetzki

3/16/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)