2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006339

Entity Name: SIEMENS COMMUNICATIONS, INC

FILED Apr 08, 2008 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
1001 YAM. BOCA RA	ATO RD. TON, FL 3343	11			
Current Mailing Address:			New Mailing Address:		
1001 YAM. BOCA RA	ATO RD. TON, FL 3343	31			
FEI Number: 52-2122392 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ION, FL 33324	ND ROAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	RASMUSSEN,	SOUND PARKWAY	Title: Name: Address: City-St-Zip:	CEO (X) Change () Addition ARETAKIS, EVE 271 MILL ROAD CHELSFORD, MA 01824	
Title: Name: Address: City-St-Zip:	D (ARETAKIS, EV 271 MILL ROA CHELMSFORE	D	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HEITH, COCY	SOUND PARKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (STUMPF, HER 153 E 53RD ST NEW YORK, N	Γ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (GOTLIFFE, AL 170 WOOD AV ISELIN, NJ 08	E. SOUTH	Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN GOTLIFFE AS 04/08/2008