## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006339

Entity Name: SIEMENS COMMUNICATIONS, INC.

FILED Apr 20, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1001 YAMATO RD. BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 1001 YAMATO RD. BOCA RATON, FL 33431 FEI Number: 52-2122392 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: **PCFO** CFO ( ) Delete Title: (X) Change ( ) Addition Name: ARETAKIS, EVE Name: MEYERS, KENNETH 271 MILL ROAD 153 EAST 53RD STREET Address: Address: CHELSFORD, MA 01824 City-St-Zip: City-St-Zip: NEW YORK, NY 10022 Title: Title: ( ) Delete (X) Change ( ) Addition Name: ARETAKIS, EVE Name: KAPLIN, JULIAN 271 MILL ROAD 186 WOOD AVENUE SOUTH Address: Address: CHELMSFORD, MA 01824 ISELIN, NJ 08830 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition HEITH, COCY D HEITH, CORY D Name: Name: 900 BROKEN SOUND PARKWAY 153 FAST 53RD STREET Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: NEW YORK, NY 10022 Title: () Delete Title: (X) Change ( ) Addition STUMPF, HERÍBERT GOTLIFFE, ALAN Name: Name: Address: 153 E 53RD ST Address: 170 WOOD AVE. SOUTH City-St-Zip: City-St-Zip: NEW YORK, NY 10022 ISELIN, NJ 08830 Title: (X) Delete Title: () Change () Addition GOTLIFFE, ALAN Name: Name: 170 WOOD AVE. SOUTH Address: Address: City-St-Zip: ISELIN, NJ 08830 City-St-Zip:

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 04/20/2009