

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90141 009 ***150.00

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AT

DOCUMENT # F98000006339

1. Entity Name
SIEMENS INFORMATION AND COMMUNICATION NETWORKS INC.



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

Mailing Address
**C/O SIEMENS CORPORATION
186 WOOD AVENUE SOUTH
ISELIN NJ 08830**

2. Principal Place of Business

3. Mailing Address
c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.
170 Wood Avenue South

City & State

City & State
Iselin, NJ

Zip

Country

Zip

Country

08830

USA

☐ CHECK HERE IF MAKING CHANGES

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
FLOYD, MARK A
900 BROKEN SOUND PKWY.
BOCA RATON FL 33487** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/CEO
George Nolen
900 Broken Sound Pkwy
Boca Raton, FL 33487** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAHER, ANTHONY T
HOFMANNSTR. 51
MUNICH, GERMANY 83159** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Klaus Kleinfeld
153 East 53rd Street
New York, NY 10022** ☐ Change ☒ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
HEITH, CORY D
900 BROKEN SOUND PARKWAY
BOCA RATON FL 33487** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VOLKER, JURG
HOFMANNSTRASSE 51
MUNICH, GERMANY 80379** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Klaus Stegemann
153 East 53rd Street
New York, NY 10022** ☐ Change ☒ Addition

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

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

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 empowered.

George Pompetzki, Assistant Secretary

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)