## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # F98000006966 04-16-2004 90079 049 \*\*\*150.00 SIEMENS REAL ESTATE, INC. HAUDAJJA Principal Place of Business Mailing Address C\O SIEMENS CORPORATION 186 WOOD AVENUE SOUTH 170 WOOD AVENUE SOUTH ISELIN, NJ 08830 ISELIN, NJ 08830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122004 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 13-3978214 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 8751 W BROWARD BLVD PLANTATION, FL 33324 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Acting CEO/CFO TITLE TITLE Change ☐ flelete Keith Cheatham NAME CHEATHEM, KEITH NAME STREET ADDRESS 186 WOOD AVE SOUTH STREET ADDRESS 186 Wood Avenue South CITY-ST-ZIP **ISELIN, NJ 08830** CITY-ST-ZIP Iselin, NJ 08830 ☐ Addition ☐ Change TITLE Delete TITLE NAME KAPLIN, JULIAN M NAME 186 WOOD AVE SOUTH STREET ADDRESS STREET ADDRESS ISELIN, NJ 08830 CITY-ST-ZIP CITY-ST-ZIP Assistant Secretary Delete TITLE Change K Addition TITLE POMPETZKI, GEORGE Alan Gotliffe NAME NAME 186 WOOD AVE STREET ADDRESS STREET ADDRESS 170 Wood Avenue South CITY-ST-ZIP CITY-ST-ZIP ISELIN, NJ 08830 Iselin, NJ 08830 Director Change Addition TITLE **⊠** Delete TITLE NAME MAWHIRT, ROBERT B NAME Dr. Rainer Pelz STREET ADDRESS 186 WOOD AVE SOUTH STREET ADORESS St. Martin Str. 76, Postfach 80 17 60 CITY-ST-ZIP **ISELIN, NJ 08830** CITY-ST-ZIP <u>Munich, Germany 81617</u> TITLE **Z** Delete TITLE Director ☐ Change Addition NAME NIEHAUS, PETER NAME Jochen Scharpe Dr. WITTELSBACHERPLATZ 2 STREET ADDRESS STREET ADDRESS Wittelsbacherplats2 CITY-ST-ZIP CITY-ST-ZiF MUNICH, GERMANY, 80312 Munich Germany 80312 ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Alan Gotliffe, Assistant Secretary

Daytime Phone #

ITED NAME OF BIGNING OFFICER OR DIRECTOR

FILED