2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006966

Entity Name: SIEMENS REAL ESTATE, INC.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 186 WOOD AVENUE SOUTH ISELIN, NJ 08830 **Current Mailing Address: New Mailing Address:** CIO SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830 FEI Number: 13-3978214 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 8751 W BROWARD BLVD 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: ACFO () Delete () Change () Addition Name: CHEATHEM, KEITH Name: 186 WOOD AVE SOUTH Address: Address: ISELIN, NJ 08830 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition Name: KAPLIN, JULIAN M Name: 170 WOOD AVE SOUTH Address: Address: ISELIN, NJ 08830 City-St-Zip: City-St-Zip: Title: Title: AS () Delete () Change () Addition GOTLIFFE, ALAN Name: Name: 170 WOOD AVE. SOUTH Address: Address: City-St-Zip: ISELIN, NJ 08830 City-St-Zip: Title: () Delete Title: () Change () Addition CHEATHAM, KEITH Name: Name: Address: 186 WOOD AVE. SOUTH Address: City-St-Zip: ISELIN, NJ 08830 City-St-Zip: Title: Title: () Delete () Change () Addition STUMPF, HERIBERT Name: Name: 153 EAST 53RD ST. Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: Title: () Delete Title: () Change () Addition ZWIRN, RANDY H Name: Name: 4400 ALAFAYA TRAIL Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32826

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 Date