

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
 04-03-2001 90113 045 ***150.00

0574172

DOCUMENT # F99000006500

1. Entity Name

SIEMENS FOSSIL SERVICES INC.

Principal Place of Business

**4400 ALAFAYA TRAIL
 ORLANDO FL 32826**

Mailing Address

**186 WOOD AVE. S.
 ISELIN NJ 08830**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1122260**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

C0041255



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete

NAME **ARTINGER, RONALD**
 STREET ADDRESS **4400 ALAFAYA TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **VD** ☐ Delete

NAME **WARE, DOUG**
 STREET ADDRESS **4400 ALAFAYA TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **P** ☐ Delete

NAME **TAGGART, EDWARD**
 STREET ADDRESS **4400 ALAFAYA TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **S** ☐ Delete

NAME **BROWN, SUSAN**
 STREET ADDRESS **4400 ALAFAYA TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** ☒ Delete

NAME **CHRISTOPHER, THOMAS**
 STREET ADDRESS **4400 ALAFAYA TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition

NAME **Louis Zaltsberg**
 STREET ADDRESS **4400 Alafaya Trail**
 CITY-ST-ZIP **Orlando, FL 32826**

TITLE **V** ☒ Change ☐ Addition

NAME **Doug Ware**
 STREET ADDRESS **4400 Alafaya Trail**
 CITY-ST-ZIP **Orlando, FL 32826**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **David Brubaker**
 STREET ADDRESS **4400 Alafaya Trail**
 CITY-ST-ZIP **Orlando, FL 32826**

TITLE ☐ Change ☒ Addition

NAME **Assistant Secretary
 George Pompetzki**
 STREET ADDRESS **186 Wood Avenue South
 Iselin, NJ 08830**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Pompetzki

George Pompetzki

3/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)