
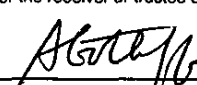


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90415 046 \*\*\*\*50.00

<b>DOCUMENT # M02000002511</b>					
<b>1. Entity Name</b> SIEMENS NETWORK CONVERGENCE LLC					
<b>Principal Place of Business</b> 10 TECHNOLOGY DRIVE WESTFORD, MA 01886			<b>Mailing Address</b> C/O SIEMENS CORPORATION 170 WOOD AVENUE SOUTH ISELIN, NJ 08830 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01092004    Chg-LLC    CR2E083 (10/03)	
<b>4. FEI Number</b> 01-0702875				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
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		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR GANSWINDT, THOMAS 1756/2171 HOFMANSTR. 51 MUNICH, GERMANY,	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR NOLEN, GEORGE 900 BROKEN SOUND PARKWAY BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR ARETAKIS, EVE 10 TECHNOLOGY DRIVE WESTFORD, MA 01886	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR WAHL, CHRISTOF 1756/1775 HOFMANNSTR. 51 MUNICH, GERMANY,	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	AS POMPETZKI, GEORGE 170 WOOD AVENUE SOUTH ISELIN, NJ 08830	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S HEITH, CORY D 186 WOOD AVENUE ISELIN, NJ 08830	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Alan Gotliffe 170 Wood Avenue South Iselin, NJ 08830				
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 		Alan Gotliffe, Assistant Secretary 3/5/04			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date    Daytime Phone #</small>			