2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCU	MENT # M020000	03106					
1. Entity Name SIEMENS EXPLOSIVE DETECTION FIELD SERVICE,			ICE, LLC		Barrier of Carlos Carlo		
Siemer	ns Maintenance S	ervices LLC	A COO WE	- T	03 MAY 12	PM 12: 20	
	e of Business	Mailing Address		1			
50 EAST ARAPAHO. SUITE 175 ICHARDSON TX 75081		250 EAST ARAPAHO. SUITE 175 RICHARDSON TX 75081		4 (22)	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Dring and D	of Division	3. Mailing Address	·				
Principal Place of Business Suite, Apt. #, etc.		Suite, Apt. #, etc.		how		IEI uu iik bo tua isioi iioit	BBLIIO SHI IBBI
Suite, Apt.	#, etc.	170 WOOD	AVE. Sou	46	CHECK HERE IF I	MAKING CHANGE	S
City & State	3	City & State	NJ	4. FEI Numb	er 11-3649991		Applied For Not Applicab
Zip	Country	Zip 08830_	Country USA			S5.00 A	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and	Address of New Regi	stered Agent	
	CORPORATION SYSTEM				·	<u> </u>	
	SOUTH PINE ISLAND ROAD TATION FL 33324		Street Ad	dress (P.O. Box Numb	er is Not Acceptable)		<u> </u>
			City			FL Zip Co	ode
	named entity submits this statement for t	the purpose of changing its	registered office or i	registered agent, or bo	th, in the State of Florida	a. I am familiar wit	n, and accep
	ons of registered agent.						
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the obligati IGNATURE	Signature, typed or printed name of registered agent and	T		e required when reinstating)		DATE	
Ū		FILE NO	W!!! FEE IS \$5	0.00		DATE	
Ū		FILE NO Make Check Payable	W!!! FEE IS \$5	0.00 artment of State		DATE	
Ū		FILE NO Make Check Payable Due	W!!! FEE IS \$5	0.00 artment of State	ADDITIONS/CH		
Ū	Signature, typed or printed name of registered agent and MANAGING MEMBER MGR	FILE NO Make Check Payable Due	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003	0.00 artment of State	ADDITIONS/CH		☐ Additio
IGNATURE -	Signature, typed or printed name of registered agent and MANAGING MEMBER MGR DULANEY, DARYL	FILE NO Make Check Payable Due	W!!! FEE IS \$5 e to Florida Depa By May 1, 2003 10. TITLE NAME	0.00 artment of State	 JOO1880	IANGES ☐ Change	Additio
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SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF GIONING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #