

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-16-2004 90415 044 \*\*\*\*50.00

**DOCUMENT # M02000003436**

1. Entity Name  
**SIEMENS SHARED SERVICES, LLC**



Principal Place of Business  
**186 WOOD AVENUE SOUTH  
ISELIN, NJ 08830**

Mailing Address  
**C/O SIEMENS CORPORATION  
170 WOOD AVE S.  
ISELIN, NJ 08830**

**24044357**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

**52-2090672**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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. 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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **KRONEU, DENICE**  
STREET ADDRESS **186 WOOD AVE S.**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **FEUERSTEIN, HARRY**  
STREET ADDRESS **186 WOOD AVE S.**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☒ Delete  
NAME **POMPETZKI, GEORGE**  
STREET ADDRESS **170 WOOD AVE S.**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE ☐ Change ☒ Addition  
NAME **Assistant Secretary**  
STREET ADDRESS **Alan Gotliffe**  
CITY-ST-ZIP **170 Wood Avenue South**  
**Iselin, NJ 08830**

TITLE **MGRM** ☐ Delete  
NAME **SCHNITZER, WERNER**  
STREET ADDRESS **170 WOOD AVE S.**  
CITY-ST-ZIP **ISELIN, NJ 08830**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **SIEMENS, MARK**  
STREET ADDRESS **153 E. 53RD ST**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **STEGEMANN, KLAUS**  
STREET ADDRESS **153 E. 53RD ST**  
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Alan Gotliffe, Assistant Secretary** 3/22/04

Date

**732-321-3890**

Daytime Phone #