

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003436

FILED
Apr 06, 2006
Secretary of State

Entity Name: SIEMENS SHARED SERVICES, LLC

Current Principal Place of Business:

186 WOOD AVENUE SOUTH
ISELIN, NJ 08830

New Principal Place of Business:

1209 ORANGE ST.
WILMINGTON, DE 19801

Current Mailing Address:

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

New Mailing Address:

FEI Number: 52-2090672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: KRONEU, DENICE
Address: 186 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: V () Delete
Name: FEUERSTEIN, HARRY
Address: 186 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: AS () Delete
Name: GOTLIFFE, ALAN
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: MGRM () Delete
Name: SCHNITZER, WERNER
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: S () Delete
Name: SIEMENS, MARK
Address: 153 E. 53RD ST
City-St-Zip: NEW YORK, NY 10022

Title: C () Delete
Name: STEGEMANN, KLAUS
Address: 153 E. 53RD ST
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: AU, GREG
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: V (X) Change () Addition
Name: AIKEN, DAVID
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: AU, GREG
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: STUMPF, HERIBERT
Address: 153 E. 53RD ST
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN GOTLIFFE

AS

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date