

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003436

FILED
Apr 11, 2007
Secretary of State

Entity Name: SIEMENS SHARED SERVICES, LLC

Current Principal Place of Business:

1209 ORANGE ST.
WILMINGTON, DE 19801

New Principal Place of Business:

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: AU, GREG
Address: 170 WOOD AVE S.
City-St-Zip: ISELIN, NJ 08830

Title: V () Delete
Name: AIKEN, DAVID
Address: 170 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: AU, GREG
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: STUMPF, HERIBERT
Address: 153 E. 53RD ST
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES:

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

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

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

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

04/11/2007

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