

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000003436

FILED  
Apr 20, 2009  
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:

170 WOOD AVENUE SOUTH  
ISELIN, NJ 08830

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

Title: M (X) 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: V (X) Change ( ) Addition  
Name: AIKEN, DAVID  
Address: 4400 ALAFAYA TRAIL  
City-St-Zip: ORLANDO, FL 32826

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/20/2009

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