

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90020 013 ****50.00

DOCUMENT # M02000003436

1. Entity Name

SIEMENS SHARED SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

c/o Siemens Corporation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

170 Wood Avenue South

City & State

City & State
Iselin, NJ

4. FEI Number 52-2090672

Applied For

Not Applicable

Zip

Country

Zip

08830

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE President/CEO
NAME Denice Kronau
STREET ADDRESS 186 Wood Avenue South
CITY-ST-ZIP Iselin, NJ 08830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP/CEO
NAME Harry Feuerstein
STREET ADDRESS 186 Wood Avenue South
CITY-ST-ZIP Iselin, NJ 08830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Assistant Secretary
NAME George Pompetzki
STREET ADDRESS 170 Wood Avenue South
CITY-ST-ZIP Iselin, NJ 08830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Werner Schnitzer
STREET ADDRESS 170 Wood Avenue South
CITY-ST-ZIP Iselin, NJ 08830

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary
NAME Mark Siemens
STREET ADDRESS 153 East 53rd Street
CITY-ST-ZIP New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Chairman
NAME Klaus Stegemann
STREET ADDRESS 153 East 53rd Street
CITY-ST-ZIP New York, New York 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

George Pompetzki, Assistant Secretary

Date

Daytime Phone #

CR2E083B (12/02)