

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

2015926 AB

DOCUMENT # M98000001152

1. Entity Name

SIEMENS POWER TRANSMISSION & DISTRIBUTION, LLC

00 APR 18 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

7000 SIEMENS ROAD
WENDELL NC 27591

Mailing Address

7000 SIEMENS ROAD
WENDELL NC 27591-8309

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

MOM

4. FEI Number

56-2025811

Applied For

Not Applicable

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SHAREF, URIEL J	
STREET ADDRESS	PAUL-GOSSEN STRASSE 100	
CITY-ST-ZIP	91052, ERLANGEN, GERMANY	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHULMEYER, GERHARD	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS - 44TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MALOTT, THOMAS J	
STREET ADDRESS	3333 OLD MILTON PARKWAY	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VOGES, KLAUS	
STREET ADDRESS	PAUL-GOSSEN STRASSE	
CITY-ST-ZIP	D-91052, ERLANGEN, GERMANY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULMEYER, GERHARD	
STREET ADDRESS	153 East 53rd Street	
CITY-ST-ZIP	New York, NY 1022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-10-00

CR2E083 (9/99)