DOCUMENT # M99000060429

Ammended

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG -7 AM 10: 02

DO NOT WRITE IN THIS SPACE

1. Entity Name

SIEMENS INFORMATION & COMMUNICATION MOBILE LLC

Principal Place of Business

2205 Grand Avenue Parkway
Austin, TX 78728

Mailing Address

2. Principal Place of Business		3. Mailing Address	
		186 Wood Avenue S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Iselin, NJ	
Zip	Country	Zip 08830	Country

4. FEI Number 52-2124070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
8751 West Broward Blvd.
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Glenn Befort MGR 2205 Grand Avenue Pkwy Austin, TX 78728 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kenneth Harris MGR 2205 Grand Avenue Pkwy Austin, TX 78728 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003359268--6 -08/16/00--01048--001 *****50.00 *****50.00
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #