2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M9900000429

CITY-ST-ZIP

ISELIN NJ

SIEMENS INFORMATION AND COMMUNICATION MOBILE LLC



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

04-03-2003 90018 042 ****50.00

			1	WE LEGS					
Principal Plac	ce of Business	Mailing Address							
SAN DIEGO CA 92127		C/O SIEMENS CORPORATION 186 WOOD AVENUE SOUTH ISELIN NJ 08830		11981	DOLL HEE HOUR HOUR WARE	ATU ARUK BURU BURU	A Ge kir a tara ik	BID (8)) 100:	
		3. Mailing Address c/o Siemens Corporation							
Suite, Apt. #, etc.		Suite, Apt. #, etc. 170 Wood Avenue South				CHECK HEF	RE IF MAKING	CHANGES	
City & State		City & State Iselin, NJ		4. FEI Num	^{1ber} 52-21240)70		pplied For ot Applicable	
Zip	Country	08830	Country USA		5. Certifica	ite of Status Desirec		55.00 Add ee Require	
	6. Name and Address of Current R	egistered Agent		•	7. Name a	nd Address of New	Registered A	gent	
CT	CORPORATION SYSTEM		Name						
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street	Street Address (P.O. Box Number			ole)		
FLA	HIAHOH 1 L 33324								İ
			City			 ,	FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office of	or registered	d agent, or b	ooth, in the State of	Florida. I am fa	miliar with,	and accept
CICNATURE									.
SIGNATURE .	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signs	ture required w	hen reinstating)		DATE		
		FILE NOV	W!!! FEE IS	\$50.00		·	· · ·		-
		Make Check Payable	to Florida De	partment	t of State				
		Due I	By May 1, 200)3					
9.	MANAGING MEMBER	S/MANAGERS	10.		Ť ·	ADDITION	S/CHANGES		
TITLE	P	X Delete	TITLE	Acting	Preside	nt/Œ0		Change	X Addition
NAME	PAXTON, GRAHAM	•	NAME	Berndt	Baumgar	tl			}
STREET ADDRESS	10,40 11201 22,1144100 01, 012 100		STREET ADDRESS	11075 West Derivido Dr., Suite 400					
CITY-ST-ZIP	SAN DIEGO CA	·	CITY-ST-ZIP	San Die	ego, CA	92127			
TITLE NAME	V MEICO AVO	☐ Delete	TITLE		1			Change	☐ Addition
STREET ADDRESS	MEIER, AXEL 167.45_WEST_BERNARDO_DR., ST	E 400	NAME STREET ADDRESS	1	1				
CITY-ST-ZIP	SAN DIEGO CA	E 400	CITY-ST-ZIP				ہے یہ شہ		<u>.</u>
TITLE	V	☐ Delete	TITLE	<u> </u>	' .	············		Change	Addition
NAME	VINCENTI, ROSS D		NAME	ŀ	! '				
STREET ADDRESS	16745 WEST BERNARDO DR., ST	E 400	STREET ADDRESS						
CITY-ST-ZIP	SAN DIEGO CA	_	CITY-ST-ZIP			1			
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME	KLEINFELD, KLAUS		NAME						
STREET ADDRESS	153 EAST 53RD ST		STREET ADDRESS		}	. •-			1
CITY-ST-ZIP	NEW YORK NY 10022		CITY-ST-ZIP		1				
TITLE	V '	X Delete	TITLE	Sr. VP	1	_		☐ Change	Addition
NAME STREET ADDRESS	HELFER, LINDA	MAV	NAME STREET ADDRESS	Bernt H					
CITY-ST-ZIP	11921 NORTH MPOAC EXPRESSI	WAT	STREET ADDRESS CITY-ST-ZIP			ardo Drive, S	utie 400		
	AUSTIN TX AS	D bylan		San Die	ego, CA S	9212/		☐ Change	Addition
TITLE NAME	POMPETZKI, GEORGE	☐ Delete	TITLE NAME	} :	1			- cuange	☐ Mudition }
STREET ADDRESS	186 WOOD AVENUE SOUTH		STREET ADDRESS						

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.

CITY-ST-ZIP

Pompetzki, Assistant **SIGNATURE:** MANAGER OR AUTHORIZED REPRESENTATIVE

Daytime Phone #