

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002036

1. Entity Name

SIEMENS BUSINESS SERVICES LLC

FILED

00 APR 11 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
200 Wheeler Road 186 Wood Ave So.  
Burlington, MA 01803 Iselin, NJ 08830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2124024

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation

~~1209 Orange Street~~

~~Wilmington, DE 19801 USA~~

1200 South Pine Island Road  
Plantation, FL 33324

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME Gerhard Schulmeyer  
STREET ADDRESS 1301 Avenue of the Americas  
CITY-ST-ZIP New York, NY 10019

☐ Change ☐ Addition  
800009224518-7  
-04/26/00--01027--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGR ☐ Delete  
NAME Friedrich Froeschl  
STREET ADDRESS Otto-Hahn-Ring 6  
CITY-ST-ZIP D-81739 Munich, Germany

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME Walter Gerdes  
STREET ADDRESS 200 Wheeler Road  
CITY-ST-ZIP Burlington, MA 01803

☐ Change ☐ Addition

TITLE MGR ☐ Delete  
NAME Peter H. Pribilla  
STREET ADDRESS HofmannstraBe 51  
CITY-ST-ZIP D-80179 Munich, Germany

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)