

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90113 042 \*\*\*150.00

0482112

**DOCUMENT # P24877**

1. Entity Name  
**WESGEN, INC.**

Principal Place of Business <b>THE QUADRANGLE          4400 ALAFAYA TRAIL          ORLANDO FL 32826-2399</b>	Mailing Address <b>THE QUADRANGLE          4400 ALAFAYA TRAIL          ORLANDO FL 32826-2399</b>
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**C0041258**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>c/o Siemens Corporation</b> Suite, Apt. #, etc. <b>186 Wood Avenue South</b> City & State <b>Iselin, NJ</b>
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4. FEI Number <b>25-1563806</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>08830</b>	Country <b>USA</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent  
**CT 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SIMONINI, R.R.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>COFFMAN, J.M.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>RUMANCIK, J.A.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>HERDER, THOMAS J</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL 32826</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>ZIKE, H.W.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>BROWN, S.M.</b> <b>4400 ALAFAYA TRAIL</b> <b>ORLANDO FL</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>R.R. Simonini</b> <b>12201 Research Parkway</b> <b>Orlando, FL 32826</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>J.M. Coffman</b> <b>12201 Research Parkway</b> <b>Orlando, FL 32826</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <b>J.A. Rumancik</b> <b>12201 Research Parkway</b> <b>Orlando, FL 32826</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <b>George Pompetzki</b> <b>186 Wood Avenue South</b> <b>Iselin, NJ 08830</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: George Pompetzki **George Pompetzki** 3/20/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)