

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P25311 (2)					
1. Corporation Name SIEMATIC CORPORATION					
Principal Place of Business 886 TOWN CENTER DRIVE LANGHORNE PA 19047			Mailing Address 886 TOWN CENTER DRIVE LANGHORNE PA 19047		



2. Principal Place of Business 21 3331 Street Rd. Suite, Apt. #, etc. 22 Suite 450 City & State 23 Bensalem, Pa. Zip 24 19020 Country 25 USA		2a. Mailing Address 26 3331 Street Rd. Suite, Apt. #, etc. 27 Suite 450 City & State 28 Bensalem, Pa. Zip 29 19020 Country 30 USA		3. Date Incorporated or Qualified 07/25/1989		3a. Date of Last Report 04/28/1995	
				4. FEI Number 95-3504669		Applied for Not Applicable	
				5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed for principal office of registered agent and filed if applicable

(NOTE: Registered Agent signature required if not renewing)

(SEE)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	☐ DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME	SEKMAN, A.W.			1.2 NAME			
STREET ADDRESS	4972 LOEHNE 1			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEST GERMANY			1.4 CITY-ST-ZIP			
TITLE	V	☒ DELETE		2.1 TITLE		☐ Change ☐ Addition	
NAME	WILLERS, ROLF			2.2 NAME			
STREET ADDRESS	886 TOWN CENTER DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LANGHORNE PA			2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		3.1 TITLE		☐ Change ☐ Addition	
NAME	SOLMSSEN, PETER Y			3.2 NAME			
STREET ADDRESS	2000 ONE LOGAN SQUARE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PHILADELPHIA PA			3.4 CITY-ST-ZIP			
TITLE	CEOT	☐ DELETE		4.1 TITLE		☐ Change ☐ Addition	
NAME	SEKMAN, RANK W			4.2 NAME			
STREET ADDRESS	886 TOWN CENTER DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LANGHORNE PA			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE		5.1 TITLE		☐ Change ☐ Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		6.1 TITLE		☐ Change ☐ Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)