

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90076 016 \*\*\*150.00

**DOCUMENT # P36394**

1. Entity Name

**SIEMENS DEMATIC CORP.**

Principal Place of Business

**507 PLYMOUTH AVENUE. N.E.  
 GRAND RAPIDS MI 49505**

Mailing Address

**507 PLYMOUTH AVENUE. N.E.  
 GRAND RAPIDS MI 49505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**38-3017636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. 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

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, 2002 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	AT	<input type="checkbox"/> Delete
NAME	HIGH, RONALD J.	
STREET ADDRESS	990 ARLOA DR	
CITY-ST-ZIP	GREENVILLE MI 48838	
TITLE	P	<input type="checkbox"/> Delete
NAME	METROS, PETE J.	
STREET ADDRESS	7283 BROOKLYN SE	
CITY-ST-ZIP	GRAND RAPIDS MI 49508	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROUCKMAN, JAMES C	
STREET ADDRESS	8300 WILDERNESS LAKE TRAIL	
CITY-ST-ZIP	ADA MI 49301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARCHIDO, WILLIAM F.	
STREET ADDRESS	6185 BOULDER RIDGE	
CITY-ST-ZIP	BELMONT MI 49306	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLTJER, BERNARD	
STREET ADDRESS	8216 BIRCHWOOD	
CITY-ST-ZIP	JENISON MI 49428	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CIANFARANI, ALFRED A	
STREET ADDRESS	1615 FLOWERS MILL DR NE	
CITY-ST-ZIP	GRAND RAPIDS MI 49525	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Ronald J. High*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-02

Date

616 913 6754

Daytime Phone #

CR2E034 (9/01)