


2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

04 NOV 23 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36394 1. Entity Name SIEMENS DEMATIC CORP.	
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Principal Place of Business 507 PLYMOUTH AVENUE, N.E. GRAND RAPIDS, MI 49505	Mailing Address 507 PLYMOUTH AVENUE, N.E. GRAND RAPIDS, MI 49505
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REINSTATEMENT 04



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address c/o Siemens Corporation Suite, Apt. #, etc. 170 Wood Avenue South City & State Iselin, NJ Zip Country 08830 USA
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11012004 REIN-P CR2E098 (6/04)

4. FEI Number 38-3017636	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	AT <input checked="" type="checkbox"/> Delete
NAME	HIGH, RONALD J.
STREET ADDRESS	990 ARLOA DR
CITY-ST-ZIP	GREENVILLE, MI 48838
TITLE	P <input checked="" 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	RAAB, JOHN M
STREET ADDRESS	8300 WILDERNESS LAKE TRAIL
CITY-ST-ZIP	ADA, MI 49301
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	MARCHIDO, WILLIAM F.
STREET ADDRESS	6185 BOULDER RIDGE
CITY-ST-ZIP	BELMONT, MI 49306
TITLE	VP <input checked="" 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey R. Heinze
STREET ADDRESS	507 Plymouth Ave., NE
CITY-ST-ZIP	Grand Rapids, MI 49505
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prashant Ranade
STREET ADDRESS	507 Plymouth Ave., NE
CITY-ST-ZIP	Grand Rapids, MI 49505
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Prashant Ranade
STREET ADDRESS	507 Plymouth Ave., NE
CITY-ST-ZIP	Grand Rapids, MI 49505
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Doeke
STREET ADDRESS	507 Plymouth Ave., NE
CITY-ST-ZIP	Grand Rapids, MI 49505
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Doeke
STREET ADDRESS	507 Plymouth Ave., NE
CITY-ST-ZIP	Grand Rapids, MI 49505

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey R. Heinze 11/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #