

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P36394

1. Entity Name
SIEMENS LOGISTICS AND ASSEMBLY SYSTEMS INC.



Principal Place of Business
**507 PLYMOUTH AVENUE, N.E.
GRAND RAPIDS, MI 49505**

Mailing Address
**C/O SIEMENS CORPORATION
170 WOOD AVE SOUTH
ISELIN, NJ 08830**



04152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3017636

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HEINZE, JEFFREY R
STREET ADDRESS	507 PLYMOUTH AVE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49505
TITLE	PD
NAME	RANADE, PRASHANT
STREET ADDRESS	507 PLYMOUTH AVE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49505
TITLE	VP
NAME	DOEKE, THOMAS
STREET ADDRESS	507 PLYMOUTH AVE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49505
TITLE	VP
NAME	CIANFARANI, ALFRED A
STREET ADDRESS	1615 FLOWERS MILL DR NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD00000356390
05/04/05-80034-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #