

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90256 049 ***150.00

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AB

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

☐ CHECK HERE IF MAKING CHANGES

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" 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	

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Buccella, Steven P.	
STREET ADDRESS	7030 Dunloe Court	
CITY-ST-ZIP	Belmont, MI 49306	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blough, Michael K.	
STREET ADDRESS	724 Riverside Dr.	
CITY-ST-ZIP	Lowell, MI 49331	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raab, John M.	
STREET ADDRESS	7844 Kenrob S.E.	
CITY-ST-ZIP	Grand Rapids, MI 49546	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bechtel, S. Barrie	
STREET ADDRESS	336 Greenwich Rd. N.E.	
CITY-ST-ZIP	Grand Rapids, MI 49506	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bork, Robert F.	
STREET ADDRESS	7055 Placid Pointe Court	
CITY-ST-ZIP	Caledonia, MI 49316	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramsey, Charles H.	
STREET ADDRESS	14715 Lillian Street	
CITY-ST-ZIP	Holland, MI 49424	

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: *William F. Marchido*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

Date

616-913-6200

Daytime Phone #

CR2E034 (10/02)