

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006500

Entity Name: SIEMENS FOSSIL SERVICES INC.**Current Principal Place of Business:**3504 LAKE LYNDIA DRIVE
LAUREL BLDG. SUITE 390
ORLANDO, FL 32817**Current Mailing Address:**3850 QUADRANGLE BLVD., US TAX DEPT
MS AFS 466
ORLANDO, FL 32817 US**FEI Number:** 25-1122260**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title TREASURER, CFO, DIRECTOR
Name ZALTSBERG, LOUIS
Address 3504 LAKE LYNDIA DRIVE
 LAUREL BLDG. SUITE 390
City-State-Zip: ORLANDO FL 32817

Title VP
Name VOIGT, RUSSELL
Address 3504 LAKE LYNDIA DRIVE
 LAUREL BLDG. SUITE 390
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR, PRESIDENT
Name TAGGART, EDWARD
Address 3504 LAKE LYNDIA DRIVE
 LAUREL BLDG. SUITE 390
City-State-Zip: ORLANDO FL 32817

Title ASST. SECRETARY
Name ELLIS, LONNIE J
Address 170 WOOD AVENUE SOUTH
City-State-Zip: ISELIN NJ 08830

Title SECRETARY
Name FLYNN, CHRISTOPHER
Address 3504 LAKE LYNDIA DRIVE
 LAUREL BLDG. SUITE 390
City-State-Zip: ORLANDO FL 32817

Title ASST. SECRETARY
Name HARMS, KAREN
Address 3504 LAKE LYNDIA DRIVE
 LAUREL BLDG. SUITE 390
City-State-Zip: ORLANDO FL 32817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LONNIE J ELLIS**ASSISTANT SECRETARY 04/01/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date