

1.) CORPORATION NAME:

**SIEMENS FOSSIL SERVICES INC.**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI**

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/31/2011**

SCC ID NO: **F1406893**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3504 LAKE LYNDIA DR  
LAUREL BLDG STE 390

CITY/ST/ZIP: ORLANDO, FL 32817-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: EDWARD F TAGGART  
TITLE: PRESIDENT  
ADDRESS: 3504 LAKE LYNDIA DRIVE  
LAUREL BLDG. SUITE 390  
CITY/ST/ZIP/CO: ORLANDO, FL 32817-

OFFICER

DIRECTOR

NAME: RUSSELL VOIGT  
TITLE: VICE PRESIDENT  
ADDRESS: 4400 ALAFAYA TRAIL  
Q1-113  
CITY/ST/ZIP/CO: ORLANDO, FL 32826-

OFFICER

DIRECTOR

NAME: LOUIS M ZALTSBERG  
TITLE: TREASURER  
ADDRESS: 4400 ALAFAYA TRAIL  
Q1-480  
CITY/ST/ZIP/CO: ORLANDO, FL 32826-

OFFICER

DIRECTOR

NAME: CHRIS FLYNN  
TITLE: SECRETARY  
ADDRESS: 4400 ALAFAYA TRAIL  
Q1-475  
CITY/ST/ZIP/CO: ORLANDO, FL 32826-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN HARMS ASST SECRETARY 4400 ALAFAYA TRAIL Q1-475 ORLANDO, FL 32826-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY R ORGAZ ASST SECRETARY 11950 CORPORATE BOULEVARD Q2-480 ORLANDO, VA 32826-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALAN GOTLIFFE ASST SECRETARY 170 WOOD AVENUE SOUTH ISELIN, NJ 08830-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE S BRUBAKER DIRECTOR 4400 ALAFAYA TRAIL Q1-367 ORLANDO, FL 32826-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG A WEEKS DIRECTOR 4400 ALAFAYA TRAIL Q1-367 ORLANDO, FL 32826-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ALAN GOTLIFFE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	ALAN GOTLIFFE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	11/8/2011 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.