

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212544702

1.) CORPORATION NAME:

**SIEMENS FOSSIL SERVICES INC.**

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

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.

|                 |   |                                     |         |                          |          |
|-----------------|---|-------------------------------------|---------|--------------------------|----------|
|                 |   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | EDWARD F TAGGART  |                                     |         |                          |          |
| TITLE:          | PRESIDENT   |                                     |         |                          |          |
| ADDRESS:        | 3504 LAKE LYNDIA DRIVE<br>LAUREL BLDG. SUITE 390<br>ORLANDO, FL 32817 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: |   |                                     |         |                          |          |

|                 |   |                                     |         |                          |          |
|-----------------|---|-------------------------------------|---------|--------------------------|----------|
|                 |   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | RUSSELL VOIGT                                     |                                     |         |                          |          |
| TITLE:          | VICE PRESIDENT                                    |                                     |         |                          |          |
| ADDRESS:        | 4400 ALAFAYA TRAIL<br>Q1-113<br>ORLANDO, FL 32826 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: |   |                                     |         |                          |          |

|                 |   |                                     |         |                          |          |
|-----------------|---|-------------------------------------|---------|--------------------------|----------|
|                 |   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | CHRIS FLYNN   |                                     |         |                          |          |
| TITLE:          | SECRETARY   |                                     |         |                          |          |
| ADDRESS:        | 4400 ALAFAYA TRAIL<br>Q1-MC100<br>ORLANDO, FL 32826 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: |   |                                     |         |                          |          |

|                 |   |                                     |         |                          |          |
|-----------------|---|-------------------------------------|---------|--------------------------|----------|
|                 |   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | ALAN GOTLIFFE                             |                                     |         |                          |          |
| TITLE:          | ASST SECRETARY                            |                                     |         |                          |          |
| ADDRESS:        | 170 WOOD AVENUE SOUTH<br>ISELIN, NJ 08830 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: |   |                                     |         |                          |          |

|                 |   |                                     |         |                          |          |
|-----------------|---|-------------------------------------|---------|--------------------------|----------|
|                 |   | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
| NAME:           | KAREN HARMS                                       |                                     |         |                          |          |
| TITLE:          | ASST SECRETARY                                    |                                     |         |                          |          |
| ADDRESS:        | 4400 ALAFAYA TRAIL<br>Q1-475<br>ORLANDO, FL 32826 |                                     |         |                          |          |
| CITY/ST/ZIP/CO: |   |                                     |         |                          |          |

|  |   |   |  |
|--|---|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | NANCY R ORGAZ<br>ASST SECRETARY<br>11950 CORPORATE BOULEVARD<br>Q2-480<br>ORLANDO, VA 32826 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | LOUIS M ZALTSBERG<br>TREASURER<br>4400 ALAFAYA TRAIL<br>Q1-480<br>ORLANDO, FL 32826         | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | DAVE S BRUBAKER<br>DIRECTOR<br>4400 ALAFAYA TRAIL<br>Q1-367<br>ORLANDO, FL 32826            | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | CRAIG A WEEKS<br>DIRECTOR<br>4400 ALAFAYA TRAIL<br>Q1-367<br>ORLANDO, FL 32826              | <input type="checkbox"/> OFFICER            | <input checked="" type="checkbox"/> DIRECTOR |
| 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/ EDWARD F TAGGART<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | EDWARD F TAGGART,<br>PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                          | 11/20/2012<br>DATE                          |  |
| 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. |   |   |  |