

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212552406

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 LAUREL BLDG. SUITE 390 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 Q1-113 ORLANDO, FL 32826				
CITY/ST/ZIP/CO:					

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	LOUIS M ZALTSBERG				
TITLE:	TREASURER				
ADDRESS:	4400 ALAFAYA TRAIL Q1-480 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 Q1-MC100 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 ISELIN, NJ 08830				
CITY/ST/ZIP/CO:					

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
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
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
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
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/ KAREN HARMS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KAREN HARMS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/5/2013 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.			