

| No. <b>C 149937</b>   |                   | <b>Due no later than Jul 31, 2016</b><br><b>Annual Report Form</b>   |         | 2. Registered Agent and Address ( <b>NO PO BOX</b> )               |         |             |  |
|---|-------------------|--|---------|--|---------|-------------|--|
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080                |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SIEMENS FOSSIL SERVICES INC.<br>3850 QUADRANGLE BLVD<br>US DEPT TAX, MS AFS 466<br>ORLANDO FL 32817 |         | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                   |  |         | 3. <u>New</u> Registered Agent Signature:*                         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). |                   |  |         |  |         |             |  |
| Office Held   | Name              | Street or PO Address   | City    | State  | Country | Postal Code |  |
| VICE PRESIDENT  | RUSSELL VOIGT     | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| DIRECTOR  | LOUIS ZALTSBERG   | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| PRESIDENT   | EDWARD TAGGART    | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| SECRETARY   | CHRISTOPHER FLYNN | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| DIRECTOR  | EDWARD TAGGART    | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| TREASURER   | LOUIS ZALTSBERG   | 3504 LAKE LYNDIA DRIVE SUITE 390   | ORLANDO | FL   | USA     | 32817       |  |
| 5. Organized Under the Laws of:<br><br><b>DE</b><br><b>C 149937</b>   |                   | 6. Annual Report must be signed.*<br><br>Signature: PAULA KIEFER<br>Name (type or print): PAULA KIEFER   |         |  |         |             |  |
|   |                   | Date: 06/22/2016<br>Title: AUTHORIZED AGENT  |         |  |         |             |  |
| Processed 06/22/2016  |                   | * Electronically provided signatures are accepted as original signatures.  |         |  |         |             |  |