

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 832027 (7)**  
 1. Corporation Name  
**BOMBARDIER CORPORATION**



Principal Place of Business Mailing Address  
**P.O. BOX 768 BARRE VT 05641 US**  
**P.O. BOX 768 BARRE VT 05641-0768 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	03/21/1974	04/04/1996
23		28		4. FEI Number	Applied For
24		29		82-0262961	Not Applicable
25		30		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEBLANC, JEAN-YVES	1.2 NAME	Jean-Louis Fontaine
STREET ADDRESS	1101 PARENT	1.3 STREET ADDRESS	800 René-Lévesque Blvd. West, Suite 3000
CITY, ST, ZIP	ST BRUNO CA	1.4 CITY - ST - ZIP	Montreal (Quebec) H3B 1Y8 CANADA
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE-ANDRE ROY	2.2 NAME	François Tessier
STREET ADDRESS	800 RENE-LEVESQUE WEST	2.3 STREET ADDRESS	800 René-Lévesque Blvd. West, Suite 2900
CITY, ST, ZIP	MONTREAL CA	2.4 CITY - ST - ZIP	Montreal (Quebec) H3B 1Y8 CANADA
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVARD, JEAN	3.2 NAME	Roger Carle
STREET ADDRESS	800 RENE LEVESQUE WEST SUITE 3000	3.3 STREET ADDRESS	800 René-Lévesque Blvd. West, Suite 3000
CITY, ST, ZIP	MONTREAL QU	3.4 CITY - ST - ZIP	Montreal (Quebec) H3B 1Y8 CANADA
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAROSE, PAUL H.	4.2 NAME	Paul H. Larose
STREET ADDRESS	800 RENE LEVESQUE WEST, SUITE 2900	4.3 STREET ADDRESS	800 René-Lévesque Blvd. West, Suite 2900
CITY, ST, ZIP	MONTREAL QU	4.4 CITY - ST - ZIP	Montreal (Quebec) H3B 1Y8 CANADA
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROYER, RAYMOND	5.2 NAME	
STREET ADDRESS	800 RENE LEVESQUE WEST SUITE 3000	5.3 STREET ADDRESS	
CITY, ST, ZIP	MONTREAL QU	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: **PAUL H. LAROSE** Feb. 18, 1997 (514) 861-9481  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day in Month Year

CR2E034 (9/96)