FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/21/1974

4. FEI Number: 82-0262961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FONTAINE, JEAN-LOUIS		12 NAME		
STREET ADDRESS	800 RENE-LEVESQUE BLVD. WEST, SUITE 3000		13 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		14 CITY-ST-ZIP		
TITLE	T	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TESSIER, FRANCOIS		22 NAME		
STREET ADDRESS	800 RENE-LEVESQUE BLVD. WEST, SUITE 2900		23 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		24 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	RIVARD, JEAN		32 NAME		
STREET ADDRESS	800 RENE LEVESQUE WEST SUITE 3000		33 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL QU		34 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LAROSE, PAUL H.		42 NAME		
STREET ADDRESS	800 RENE LEVESQUE WEST, SUITE 2900		43 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		44 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	51 TITLE	S	☒ Change ☐ Addition
NAME	CARLE, ROGER		52 NAME		
STREET ADDRESS	800 RENE LEVESQUE WEST SUITE 3000		53 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE	D	☐ Change ☒ Addition
NAME			62 NAME	Stangl Peter E.	
STREET ADDRESS			63 STREET ADDRESS	101 Park Avenue Suite 2609	
CITY-ST-ZIP			64 CITY-ST-ZIP	New York, NY 10178	

CR2E034 (10/97)

14. I 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 if changed, or on an attachment with an address. Paul H. Larose March 30, 1998 (514) 861-9481

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # **0632449**