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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State
03-12-1999 90017 032 ***450.00

DOCUMENT # 832027

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 Qualifed: 03/21/1974

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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	1.1 TITLE	☐ Change ☐ Addition
NAME	FONTAINE, JEAN-LOUIS		1.2 NAME	
STREET ADDRESS	800 RENE-LEVESQUE BLVD. WEST, SUITE 3000		1.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TESSIER, FRANCOIS		2.2 NAME	
STREET ADDRESS	800 RENE-LEVESQUE BLVD. WEST, SUITE 2900		2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAROSE, PAUL H.		3.2 NAME	
STREET ADDRESS	800 RENE LEVESQUE WEST, SUITE 2900		3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CARLE, ROGER		4.2 NAME	
STREET ADDRESS	800 RENE LEVESQUE WEST SUITE 3000		4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL (QUEBEC) CA		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STANGL, P E		5.2 NAME	
STREET ADDRESS	101 PARK AVE, STE 2609		5.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10178		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — Feb. 18, 1999 — (514) 861-9481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Paul H. Larose

CR2E034 (11/98)