FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2002 8:00 am Secretary of State 832027 DOCUMENT # 1. Entity Name 09-02-2002 90142 043 ***550 00 **BOMBARDIER CORPORATION** Principal Place of Business Mailing Address P.O. BOX 768 P.O. BOX 768 **BARRE VT. 05641** BARRE, VT 05641 US 2. Principal Place of Business Mailing Address P.O.BOX 770' 1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 82-0262961 i)ichit0 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C'T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CARLE, ROGER NAME 800 RENE LEVESQUE WEST STE 2900 STREET ADDRESS STREET ADDRESS MONTREAL (QUEBEC) CA CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change TITLE ☐ Addition Stangl, Peter 101 Park Ave NAME STANGL, PETER NAME STREET ADDRESS 101 PARK AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10178** CITY-ST-ZIP NEW YORK, NY TITLE ☐ Delete TITLE Change Addition NAME HILBERT, CHRISTOPHER NAME STREET ADDRESS 101 PARK AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10178** CITY-ST-ZIP TITLE ☐ Delete TITLE Change X Addition Garvey, Jonina R. One Learjet way NAME NAME STREET ADDRESS STREET ADDRESS Wichita KS 67209 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.