2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 832027

1. Entity Name
BOMBARDIER CORPORATION

Principal Place of Business	Mailing Address
101 PARK AVE NEW YORK, NY 10178 US	PO BOX 7707 WICHITA, KS 67277-7707 US

01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	AS
NAME	CARLE, ROGER
STREET ADDRESS	800 RENE LEVESQUE WEST STE 2900
CITY-ST-ZIP	MONTREAL (QUEBEC), CA
TITLE	PD
NAME	STANGL, PETER
STREET ADDRESS	101 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 10178
TITLE	SD
NAME	HILBERT, CHRISTOPHER
STREET ADDRESS	101 PARK AVE
CITY-ST-ZIP	NEW YORK, NY 10178
TITLE	V
NAME	GARVEY, JONINA R
STREET ADDRESS	ONE LEARJET WAY
CITY-ST-ZIP	WICHITA, KS 67209
TITLE	D
NAME	DESJARDINS, DANIEL
STREET ADDRESS	800 RENE- LEVESQUE BLVD NEST STE 2900
CITY-ST-ZIP	MONTREAL, Q h3b1y8
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/29/04-80013-010 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jonina R Garvey Jonina R Garvey 1/8/04 316-946-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #