2005 FOR PROFIT CORPORATION

SIGNATURE:

Mar 21, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #832027** 03-21-2005 90126 006 ***150.00 1. Entity Name BOMBARDIER CORPORATION Alvie. Principal Place of Business Mailing Address 101 PARK AVE PO BOX 7707 NEW YORK, NY 10178 WICHITA, KS 67277-7707 US 50029772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 CR2E034 (10/03) 787 Seventh Avenue City & State City & State 4. FEI Number Applied For New 1 82-0262961 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. AS Change Addition TITLE ☐ Delete TITLE CARLE, ROGER NAME NAME 800 RENE LEVESQUE WEST STE 2900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MONTREAL (QUEBEC), CA CITY-ST-ZIP PID Chairman Dr., Ste. 114 ☐ Change Delete Addition TITLE TITLE NAME STANGL, PETER NAME 101 PARK AVE STREET ADDRESS STREET ADDRESS orlandos FL 32817 CITY-ST-ZIP NEW YORK, NY 10178 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE Hilbert, Christopher HILBERT, CHRISTOPHER NAME NAME 787 Seventh Ave 101 PARK AVE STREET ADDRESS STREET ADDRESS NEW YORK, NY 10178 CHY-ST-ZIP New York, NY 10019 CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE Garvey, Jonina R. GARVEY, JONINA R NAME NAME One Learjet Way STREET ADDRESS ONE LEARJET WAY STREET ADDRESS WICHITA, KS 67209 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE DESJARDINS, DANIEL NAME NAME STREET ADDRESS 800 RENE- LEVESQUE BLVD NEST STE 2900 STREET ADDRESS CITY-ST-ZIP MONTREAL, Q h3b1y8 CITY-ST-7IP 1131 F Defete ITTLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 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 of 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.

JONINA R.GARVEY

FILED