2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

832027 **DOCUMENT #**

1. Entity Name

BOMBARDIER CORPORATION



FILED Apr 23, 2003 8:00 am Secretary of State 94-23-2003 90118 019 ***150.00

TITLE NAME STREET ADDRESS CARLE, ROGER 800 RENE LEVESQUE WEST STE 2900 MONTREAL (QUEBEC) CA TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10178 TITLE STREET ADDRESS					Coo I	TING				
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Note	Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HE	RE IF MAKING (CHANGES	
Suppose of Charging its registered Agent		Jork, NY	wichita, K	Ş			4. FEI Number 82-026290	31		·
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code 6. 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 me obligations of registered agent, by or or pretor owner of registered agent. Signature! Signature! Signature! Signature Spealure, hyedor or pretor owner of registered agent and title if apcrabable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MAKE SIREH ANDRESS OFFICERS AND DIRECTORS TITLE CARLE, ROGER OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS TITLE STANGL, PETER OFFICERS AND DIRECTORS IT AND TITLE STANGL, PETER OFFICERS AND DIRECTORS IT AND TITLE STANGL, PETER OFFICERS AND DIRECTORS OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STANGL, PETER OFFICERS AND DIRECTORS OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STANGL, PETER OFFICERS AND DIRECTORS OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STANGL, PETER OFFICERS AND DIRECTORS OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE STANGL, PETER OFFICERS AND DIRECTORS OTHER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OTHER	Zip 017						5. Certificate of Status Desired			
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	C T CODE	DODATION SYSTEM			Name		•			
PLANTATION FL 33324 6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farm liar with, and accept the colligations of registered agent, proposed agent and the Application. SIGNATURE Signature, hoped or private rame of registered agent and the Application. (NOTE Registered dependance required when reliabling) DATE					Street A	ddress (P.	O. Box Number is Not Accepta	ble)		
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report or supplemental report is true and accurate and mat my signature shall have the same legal effect as it 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 offier like empowered.