## F00000000888

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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02/07/14--01012--003 \*\*35.00

SECRE DARY OF STATE

14 FEB -7 AHII: 47

T. LEMIEUX



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: February 5, 2014

Order#: 953389-075

Re: ALSTOM POWER INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	02, 617.0502, 607.1508, or 617.1508, Florida Statutes,	this	
-	_	ation organized under the laws of the State of <u>DE</u> ce or registered agent, or both, in the State of Florida.		-
	0 0 11	, , , , , , , , , , , , , , , , , , ,		
1. The name of	the corporation: ALSTOM PC	and Drive Windoor CT 06005		<u>_</u>
		ond Drive, Windsor, CT 06095		
	POND DR., WINDSOR, CT			···
3. The mailing a	address (if different): 200 Gre	eat Pond Drive, P.O. Box 500, Windsor, CT 06095	· · · · · · · · · · · · · · · · · · ·	<del></del>
4. Date of incor	poration/qualification: 02/17/	/2000 Document number: F00000000888		
	d street address of the current rtment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)		
	C T CORPORATION SYST	EM		
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION	FL 33324	14 FI	SECR VISIO
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			H OF THE
	Corporation Service Compa	any	44 III HA	- 걸 <b>뭐</b> ㅁ - 동역
	1201 Hays Street		: 47	
		P.O. Box NOT acceptable		-1-
	Tallahassee	FL 32301		
The street addr	ess of its registered office an l be identical.	d the street address of the business office of its registe	red age	ent,
Such change w authorized by t	as authorized by resolution d he board, or the corporation I	uly adopted by its board of directors or by an officer s has been notified in writing of the change.	o	
' /		Dona Priebe, Vice President		
-	ute of an officer or different	Printed or typed name and title		_
I further agree performance of agent. Or, if the hereby confirm	to comply with the provision fmy duties, and I am familian his document is being filed mo	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete r with and accept the obligation of my position as regi. erely to reflect a change in the registered office addres n notified in writing of this change.	stered ss, I	
By: July	in august	01/09/2014		<del></del>
> 00.1	gnature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
Sylvia Queppe	t, Assistant Vice President			
7	Typed or Printed Name			

\* \* \* FILING FEE: \$35.00 \* \* \*