

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000004964 (1)**

1. Corporation Name
GEC ALSTHOM TRANSPORTATION INC.



Principal Place of Business: **4 SKYLINE DR. HAWTHORNE NY 10532**
Mailing Address: **4 SKYLINE DR. HAWTHORNE NY 10532**

3. Date Incorporated or Qualified: **10/12/1995**
3a. Date of Last Report
4. FEI Number: **11-2949993**
Applied For: No: Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent or officer/director

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BRINETT, BERTRAND	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	RALPH, BRIAN J	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE	S	<input type="checkbox"/> DELETE
NAME	STEFANO, THOMAS	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THINIERES, ANDRE	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEBRUN, BERNARD	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****225.00**

6/18/96 **(914) 347-5155**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **THOMAS STEFANO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)