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Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortlam
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 10532-2143

3. Date Incorporated or Qualified: 10/12/1995
3a. Date of Last Report: 06/18/1996
4. FEI Number: 11-2949993
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: FL 85 Zip Code

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	BRINETET, BERTRAND	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE	VSTD	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	THINIERES, ANDRE	
STREET ADDRESS	4 SKYLINE DR.	
CITY-ST-ZIP	HAWTHORNE NY 10532	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PAUL J. JANCEK	
1.3 STREET ADDRESS	4 SKYLINE DRIVE	
1.4 CITY-ST-ZIP	HAWTHORNE NY 10532	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TRACY J. SMITH	
2.3 STREET ADDRESS	4 SKYLINE DRIVE	
2.4 CITY-ST-ZIP	HAWTHORNE NY 10532	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JULIEN GERAUD	
3.3 STREET ADDRESS	4 SKYLINE DRIVE	
3.4 CITY-ST-ZIP	HAWTHORNE NY 10532	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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 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* THOMAS STEFANO 4/11/97 (914) 347-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)