

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 OCT 21 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

012487

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000004964 (1)  
1. Corporation Name

GEC ALSTHOM TRANSPORTATION INC.



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business 21 One Horton Street Suite, Apt. #, etc.	2a. Mailing Address 26 One Horton Street Suite, Apt. #, etc.	4. FEI Number 11-2949993		Applied For Not Applicable	
22 City & State 23 Hornell, New York	27 City & State 28 Hornell, New York	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24 Zip 14843 Country USA	29 Zip 14843 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

10. Name and Address of New Registered Agent 81 Name AMTRAK Haileah Yard 82 Street Address (P.O. Box Number is Not Acceptable) 9400 NW 37th Avenue 83 84 City Miami FL 85 Zip Code 33147	
--	--

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: *Lucy Goldstein* SPECIAL ASSISTANT SECRETARY  
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANECK, PAUL J 4 SKYLINE DRIVE HAWTHORNE NY 10532 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean-Paul Goslin 1 Transit Drive Hornell, NY 14843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, TRACEY J 4 SKYLINE DRIVE HAWTHORNE NY 10532 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raymond Mancardi 1 Transit Drive Hornell, NY 14843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEFANO, THOMAS 4 SKYLINE DR. HAWTHORNE NY 10532 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300002674313-5 -10/28/98-01047-025 ****550.00 ****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GERAUD, JULIEN 4 SKYLINE DRIVE HAWTHORNE FL 10532 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>10/21</i>

14. 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 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: *[Signature]* SIGNATURE REQUIRED

CR2E034 (5/98)