

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90017 030 ***150.00

05-000005

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000004964

1. Corporation Name
GEC ALSTHOM TRANSPORTATION INC.



Principal Place of Business
**ONE HORTON STREET
 HORNELL NY 14843**

Mailing Address
**ONE HORTON STREET
 HORNELL NY 14843**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/12/1995

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**AMTRAK
 HAILEAH YARD
 9400 NW 37TH AVENUE
 MIAMI FL 33147**

10. Name and Address of New Registered Agent
 81 Name
C T CORPORATION SYSTEM
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
 83
 84 City
Plantation FL 85 Zip Code
33324

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 *Vicky Goldstein*
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
 DATE **3/2/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANECK, PAUL J	1.2 NAME	
STREET ADDRESS	4 SKYLINE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NY 10532	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TRACEY J	2.2 NAME	
STREET ADDRESS	4 SKYLINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAWTHORNE NY 10532	2.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSLIN, JEAN-PAUL	3.2 NAME	
STREET ADDRESS	1 TRANSIT DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HORNELL NY 14843	3.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANCARDI, RAYMOND	4.2 NAME	
STREET ADDRESS	1 TRANSIT DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HORNELL NY 14843	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Jean-Paul Goslin* **Jean-Paul Goslin** 2/10/99 (607) 324-4595
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)