

ALSTOM

2129724404

05/09

FILED

May 23, 2001 8:00 am
Secretary of State

05-23-2001 91182 019 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004964
1. Entity Name
~~GEE ALSTOM Transportation Inc.~~
Current Name: ALSTOM Transportation Inc.

NIC
FED
4-10-01
TAMM

Principal Place of Business
One Horton Street
Hornell, NY 14843
Mailing Address
Finance Department
One Horton Street
Hornell, NY 14843

C0069932

2. Principal Place of Business
353 Lexington Avenue
Suite, Apt. #, etc.
Suite 800
City & State
New York, N.Y.
Zip
10016
Country
U.S.A.

3. Mailing Address
4. FEI Number 11-2949993
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT Corporation System
1200 S Pine Island Rd
Plantation, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, printed name of registered agent and title if applicable. (NOTE: If alternate agent signature required when attaching) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	Janek, Paul J.
STREET ADDRESS	4 Skyline Drive
CITY-ST-ZIP	Hawthorne, N.Y. 10532
TITLE	<input type="checkbox"/> Delete
NAME	Smith, Tracey J.
STREET ADDRESS	4 Skyline Drive
CITY-ST-ZIP	Hawthorne, N.Y. 10532
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CFO Goslin, Jean-Paul
STREET ADDRESS	1 Transit Drive
CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	<input checked="" type="checkbox"/> Delete
NAME	COO Mancardi, Raymond
STREET ADDRESS	1 Transit Drive
CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jelenzperger, Francis
STREET ADDRESS	353 Lexington Avenue, suite 800
CITY-ST-ZIP	New York, N.Y. 10016
TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Speer, Doris L.
STREET ADDRESS	353 Lexington Avenue, Suite 800
CITY-ST-ZIP	New York, N.Y. 10016
TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perret, Alain
STREET ADDRESS	One Horton Street
CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Devies, Stephen
STREET ADDRESS	One Horton Street
CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE: 

5/10/01 (607) 281-2100

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year)