2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 19, 2004 8:00 am
Secretary of State

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DOCUMENT # F95000004964

1. Entity Name
ALSTOM TRANSPORTATION INC.

Principal Place of Business	Mailing Address
353 LEXINGTON AVE STE 1100 NEW YORK, NY 10016	353 LEXINGTON AVE STE 1100 NEW YORK, NY 10016

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-2949993 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD ☐ Delete	TITLE	P/D ☑ Change ☐ Addition
NAME	JELENSPERGER, FRANCIS	NAME	Francis Jelensperger
STREET ADDRESS	353 LEXINGTON AVE STE 800	STREET ADDRESS	353 Lexington Ave., Ste 1100
CITY-ST-ZIP	NEW YORK, NY 10016	CITY-ST-ZIP	New York, N.Y. 10016
TITLE	VPD ☑ Delete	TITLE	S ☐ Change ☑ Addition
NAME	PERCET, ALAIN	NAME	Doris L. Speer
STREET ADDRESS	ONE HORTON STREET	STREET ADDRESS	353 Lexington Ave., Ste 1100
CITY-ST-ZIP	HORNELL, NY 14843	CITY-ST-ZIP	New York, N.Y. 10016
TITLE	SVPD ☑ Delete	TITLE	SVP/D ☐ Change ☑ Addition
NAME	RAMBAUD-MEASSON, STEPHEN	NAME	Jan Kreminski
STREET ADDRESS	353 LEXINGTON AVENUE,STE. 1100	STREET ADDRESS	One Transit Drive
CITY-ST-ZIP	NEW YORK, NY 10016	CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	T ☐ Delete	TITLE	D ☐ Change ☑ Addition
NAME	DAVIES, STEPHEN	NAME	Tom Pajonas
STREET ADDRESS	ONE HORTON STREET	STREET ADDRESS	One Transit Drive
CITY-ST-ZIP	HORNELL, NY 14843	CITY-ST-ZIP	Hornell, N.Y. 14843
TITLE	VPES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LEFLOUR, JEAN	NAME	
STREET ADDRESS	353 LEXINGTON AVE., STE 1100	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10016	CITY-ST-ZIP	
TITLE	VPM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARTIN, WAYNE	NAME	
STREET ADDRESS	ONE TRANSIT DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HORNELL, NY 14843	CITY-ST-ZIP	

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/17/04 212-557-7260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #