


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

06-20-2006 90012 030 \*\*\*158.75

**DOCUMENT # F95000004964**

1. Entity Name  
**ALSTOM TRANSPORTATION INC.**



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

Mailing Address  
**353 LEXINGTON AVE  
 STE 1100  
 NEW YORK, NY 10016**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

40030664



06052006 Chg-P CR2E034 (11/05)

**6. Name and Address of Current Registered Agent**

**C T 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. 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 re/instating) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JELENSPERGER, FRANCIS 353 LEXINGTON AVE. STE. 1100 NEW YORK, NY 10016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPEER, DORIS L 353 LEXINGTON AVE., STE. 1100 NEW YORK, NY 10016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFA JUILLARD, J. CHRISTOPHE 353 LEXINGTON AVENUE SUITE 1100 NEW YORK, NY 10016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD NAVARRA, STEPHANE ONE TRANSIT DRIVE HORNELL, NY 14843	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SCHOELWER, WILLIAM 2000 DAY HILL ROAD WINDSOR, CT 06095	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOLPA, MICHAEL 2000 DAY HILL ROAD WINDSOR, CT 06095	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT ROELOF VAN AERK SAME ADDRESS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY DANA WORDS SAME ADDRESS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT BRUCE BALL 353 LEXINGTON AV SUITE 1100 NEW YORK, NY 10016</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER THERRY SCHLAGDENHAUFFEN ONE TRANSIT DRIVE HORNELL, NY 14843</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Dana Words *Dana Words* **Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/5/06 Daytime Phone #: 212 557-7260

**ALSTOM**

ATTACHMENT

MEMORANDUM

40096221

#F950000 04964

To: Florida Dept of State representative

cc:

From: Beth Hallo

Date: June 5, 2006

Subject: Annual Report fee

To Whom It May Concern:

As I indicated on your web site when I downloaded the enclosed form, due to the fact that we did not receive prior notice for the annual filing for 2006 I am enclosing the fee of \$150.00 as well as the additional fee of \$8.75 for a Certificate of Status.

If you have any questions, please do not hesitate to contact me.

Regards,  
Beth Hallo  
212.557.7261  
beth.hallo@transport.alstom.com