2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32950

1. Entity Name

ALSTOM SIGNALING INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 11 AM 7:50

00068831

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
150 SAWGRASS DR. ROCHESTER NY 14620 US	150 SAWGRASS DR. ROCHESTER NY 14620-4648 US

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 52-1711877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLANC, GERARD F 33 RUE DES BATELIERS 93400 SAINT-OUEN FRANCE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07-17-00 90072 032 $55.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DYERRE, FREDERIC M 33 RUE DES BATELIERS 93400 SAINT-OUEN FRANCE NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENNEY, JOHN 33 RUE DES BATELIERS 93400 SAINT-OUEN FRANCE NY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ALSPACH, BRUCE E 150 SAWGRASS DRIVE ROCHESTER NY 14620	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Frederic Dyevre 150 Sawgrass Drive Rochester NY 14620 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S O'NEILL, ELLEN 150 SAWGRASS DRIVE ROCHESTER NY 14620	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOLPA, MICHAEL J 150 SAWGRASS DRIVE ROCHESTER NY 14620	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Finance Gilles Simionesco 150 Sawgrass Drive Rochester NY 14620 ☐ Change ☒ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 6/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)

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