

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90017 037 \*\*\*150.00

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01282004 Chg-P CR2E034 (10/03)

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P32950</b><br>1. Entity Name<br><b>ALSTOM SIGNALING INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |                                                                                                                                      |                                                                                                                                                       |
| Principal Place of Business<br><b>150 SAWGRASS DR.<br/>ROCHESTER, NY 14620 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | Mailing Address<br><b>150 SAWGRASS DR.<br/>ROCHESTER, NY 14620 US</b>                                                                |                                                                                                                                                       |
| 2. Principal Place of Business<br><b>1025 John Street</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      | 3. Mailing Address<br><b>P.O. Box 20100</b><br>Suite, Apt. #, etc.                                                                   |                                                                                                                                                       |
| City & State<br><b>West Henrietta, NY</b><br>Zip Country<br><b>14586-9781 USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | City & State<br><b>Rochester, NY</b><br>Zip Country<br><b>14602 USA</b>                                                              |                                                                                                                                                       |
| 4. FEI Number<br><b>52-1711877</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable                                                                               |                                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                |                                                                                                                                                       |
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                                                                                                                                      |                                                                                                                                                       |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                |                                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                |                                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>BLANC, GERARD F<br>33 RUE DES BATELIERS<br>93400 SAINT-OUEN FRANCE, <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | { same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>23 Avenue Kleber<br>75016 Paris, France                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>ALSPACH, BRUCE E<br>48 RUE DES BATELIERS<br>93400 SAINT-OUEN FRANCE, <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Sebastien Rouge<br>48 rue albert Chalelennes<br>93404 Paris, France |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>NAVARRA, STEPHANE<br>150 SAWGRASS DRIVE<br>ROCHESTER, NY 14620 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | { <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1025 John Street<br>West Henrietta, NY 14586-9781                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>O'NEILL, ELLEN<br>150 SAWGRASS DRIVE<br>ROCHESTER, NY 14620 <input type="checkbox"/> Delete                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | { <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1025 John Street<br>West Henrietta, NY 14586-9781                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | V<br>LOCKERBY, MARK<br>150 SAWGRASS DRIVE<br>ROCHESTER, NY 14620 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | Y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Dirk Redda<br>1025 John Street<br>West Henrietta, NY 14586-9781     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                     |
| 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: _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      | Date _____<br><small>Daytime Phone #</small>                                                                                         |                                                                                                                                                       |

Dirk Redda, Chief Financial Officer

585-783-2000