FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State
03-10-2003 90743 021 ***150.00

DOCUMENT # P32950

1. Entity Name
Alstom Signaling Inc.

DO NOT WRITE IN THIS SPACE

70026430

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
150 Sawgrass Dr.	150 Sawgrass Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Rochester, NY	City & State: Rochester, NY
Zip: 14620 Country: USA	Zip: 14620 Country: USA

4. FEI Number: 52-1711877 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Pine

City: Plantation FL Zip Code: 33324

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Blanc, Gerard F.
STREET ADDRESS	25, Avenue Kleber
CITY-ST-ZIP	75016 Paris, France
TITLE	Director
NAME	Alspach, Bruce E.
STREET ADDRESS	61 Cannon Ridge Drive
CITY-ST-ZIP	Watertown, CT 06795
TITLE	President
NAME	Navarra, Stephane
STREET ADDRESS	150 Sawgrass Drive
CITY-ST-ZIP	Rochester, NY 14620
TITLE	VP
NAME	Tartaglia, Louis
STREET ADDRESS	150 Sawgrass Drive
CITY-ST-ZIP	Rochester, NY 14620
TITLE	VP
NAME	O'Neill, Ellen M.
STREET ADDRESS	150 Sawgrass Drive
CITY-ST-ZIP	Rochester, NY 14620
TITLE	V.P. CFO
NAME	Redda, Dirk
STREET ADDRESS	150 Sawgrass Dr.
CITY-ST-ZIP	Rochester, NY 14620

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #