2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 26, 2000 8:00 am Secretary of State DOCUMENT # F98000001601 1. Entity Name - ALCATEL TRANSPORT AUTOMATION (U.S.), INC. 04-26-2000 90046 034 ***150.00 Principal Place of Business Mailing Address 90 NEW MONTGOMERY STREET. STE 1010 90 NEW MONTGOMERY STREET. STE 1010 SAN FRANCISCO CA 94105-4504 SAN FRANCISCO CA 94105 5700 Corporate Drive, Suite 300 5700 Corporate Drive, Pittsburgh, PA 15237 Suite 300, Pittsburgh, PA15237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3706888 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required · · 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TD TITLE ☐ Addition TITLE Delete NG, JANE NAME NAME STREET ADDRESS 1235 ORMONT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON ONTARIO CANADA TITLE Delete TITLE Brohm, John NAME NAME 5100 CORPORATE DRIVE, SUITE 300 STREET ADDRESS 1235 ORMONT DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTON ONTARIO CANADA ☐ Addition TITLE TITLE Delete GOMES: RAUJT NAME NAME STREET ADDRESS 38 RUE EMERIAU STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 75015 PARIS FRANCE อ ★ Change ☐ Addition TITLE ☐ Delete TITLE WALTER, FRIESEN NAME NAME STREET ADDRESS STREET ADDRESS 1235 ORMONT DR CITY-ST-ZIP WESTON ONTARIO CANDA CITY-ST-ZIP WESTON, ON CANADA M9L DWG X Addition TITLE ☐ Delete TITLE MARTINE FUNCTION MARTINE FUNSTON NAME NAME 1335 ORMONT DRIVE 1225 Ormant Prive STREET ADDRESS STREET ADDRESS Weston Ont CITY-ST-ZIP WESTON, ON CANADA M9L CITY-ST-ZIP CANADA **X** Addition TITLE ☐ Delete TITLE TEAU-PIERRE FORESTIER 54, RUE LA BOETIE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

75008 PARIS PRANCE

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