

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001601

1. Entity Name

ALCATEL TRANSPORT AUTOMATION (U.S.), INC.

Principal Place of Business

5700 CORPORATE DR
STE 300
PITTSBURGH PA 15237

Mailing Address

5700 CORPORATE DR
STE 300
PITTSBURGH PA 15237

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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, 2001 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

TITLE ☐ Delete
NAME TD
STREET ADDRESS NG, JANE
CITY-ST-ZIP 1235 ORMONT DRIVE
WESTON, ONT, CANADA M9-L2W6

TITLE ☐ Delete
NAME PD
STREET ADDRESS BROHM, JOHN
CITY-ST-ZIP 5700 CORPORATE DR STE 300
PITTSBURGH PA 15237

TITLE ☐ Delete
NAME D
STREET ADDRESS WALTER, FRIESEN
CITY-ST-ZIP 1235 ORMONT DR
WESTON, ONT, CANADA M9-L2W6

TITLE ☐ Delete
NAME S
STREET ADDRESS FULOSTON, MARTINE
CITY-ST-ZIP 1235 ORMONT DR
WESTON, ONT, CANADA M9-L2W6

TITLE ☐ Delete
NAME CD
STREET ADDRESS FORESTIER, JEAN-PIERRE
CITY-ST-ZIP 54 RUE LA BOETIE
PARIS, FRANCE 75008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME FUNSTON, MARTINE
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90338 022 ***150.00

C0025079



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3706888

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)