

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90024 042 ***150.00

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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

44020956



03012004 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE TD
NAME NG, JANE
STREET ADDRESS 1235 ORMONT DRIVE
CITY-ST-ZIP WESTON, ONT, CANADA, m9l2w6

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

TITLE D
NAME WALTER, FRIESEN
STREET ADDRESS 1235 ORMONT DR
CITY-ST-ZIP WESTON, ONT, CANADA, m9l2w6

TITLE S
NAME FUNSTON, MARTINE
STREET ADDRESS 1235 ORMONT DR
CITY-ST-ZIP WESTON, ONT, CANADA, m9l2w6

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04
Date

Daytime Phone #