



2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90350 032 ***150.00

DOCUMENT # F98000001601					
1. Entity Name THALES RAIL SIGNALLING SOLUTIONS (US) INC.					
Principal Place of Business 5700 CORPORATE DR SUITE 750 PITTSBURGH, PA 15237			Mailing Address 5700 CORPORATE DR SUITE 750 PITTSBURGH, PA 15237 ATTN: MARTINE FUNSTON		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 1235 ORMONT DRIVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State TORONTO, ONTARIO		
Zip		Country		4. FEI Number 13-3706888	
M9L 2W6		CANADA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GUNN, GLEEN 3400 W. PLANO PARKWAY PLANO, TX 750758011 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFD/T DRAPER, CHRISTINE 1235 ORMONT DRIVE TORONTO, ON M9L 2W6 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BROHAM, JOHN 5700 CORPORATE DR SUITE 750 PITTSBURGH, PA 15237 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERRAULD, OLIVIER 1235 ORMONT DRIVE WESTON, ONT, CANADA, M9L2W6 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COHADES, BRUND 1235 ORMONT DRIVE TORONTO, ON M9L 2W6 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FUNSTON, MARTINE 1235 ORMONT DRIVE WESTON, ONT, CANADA, M9L2W6 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FORESTIER, JEAN-PIERRE 54 RUE LA BOETIE PARIS, FRANCE, 75008 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLANGUERNON, GUY 675 NORTH WASHINGTON, SUITE 400 ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SHERMAN, STEVEN 2400 W. PLANO PARKWAY PLANO, TX 750758011 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCCOY, SCOTT 675 NORTH WASHINGTON, SUITE 400 ALEXANDRIA, VA 22314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date Daytime Phone #					

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ATTACHMENT

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