2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#832027

Entity Name: BOMBARDIER CORPORATION

FILED Feb 16, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	ITH AVENUE K, NY 10019	US			
Current Mailing Address:			New Mailing Address:		
PO BOX 7707 WICHITA, KS 672777707 US					
FEI Number:	82-0262961	FEI Number Applied For () FEI Num	nber Not Appli	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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:					
	Electronic	Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:		Delete SQUE WEST SUITE 2900 EBEC, CA H3B IY8	Title: Name: Address: City-St-Zip:	AS (X) Change () Addition CARLE, ROGER 800 RENE LEVESQUE WEST SUITE 2900 MONTREAL, QUEBEC, CA H3B IY8 CA	
Title: Name: Address: City-St-Zip:	PD () D FURNISS, ROBER 3505 LAKE LYND ORLANDO, FL 32	RT DA DR, STE 114	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition FURNISS, ROBERT 3505 LAKE LYNDA DR, STE 114 ORLANDO, FL 32817 US	
Title: Name: Address: City-St-Zip:	SD () D HILBERT, CHRIS 787 SEVENTH AV NEW YORK, NY	TOPHER /E	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition HILBERT, CHRISTOPHER 787 SEVENTH AVE NEW YORK, NY 10019 US	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	D (X) Change () Addition DESJARDINS, DANIEL 800 RENE LEVESQUE WEST SUITE 2900 MONTREAL, QUEBEC, CA H3B IY8 CA	
Title: Name: Address: City-St-Zip:	VT () D SJOGREN, KIMB, 1 LEARJET WAY WICHITA, KS 67:		Title: Name: Address: City-St-Zip:	VT (X) Change () Addition SJOGREN, KIMBA K ONE LEARJET WAY WICHITA, KS 67209 US	
Title: Name: Address: City-St-Zip:	()D	Delete	Title: Name: Address: City-St-Zip:	NA () Change (X) Addition NA, NA NA NA, NA NA NA	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBA K SJOGREN VT 02/16/2009