

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90670 049 ***150.00

DOCUMENT # F01000002288

1. Entity Name
NEW YORK AIR BRAKE CORPORATION



Principal Place of Business
748 STARBUCK AVE
WATERTOWN NY 13601

Mailing Address
748 STARBUCK AVE
WATERTOWN NY 13601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **16-1385584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MORGAN, J PAUL	
STREET ADDRESS	748 STARBUCK AVE	
CITY-ST-ZIP	WATERTOWN NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	BECK, MARSHALL G	
STREET ADDRESS	748 STARBUCK AVE	
CITY-ST-ZIP	WATERTOWN NY	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROWNELL, DANIEL G	
STREET ADDRESS	748 STARBUCK AVE	
CITY-ST-ZIP	WATERTOWN NY	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANDRE, FRANCIS G	
STREET ADDRESS	748 STARBUCK AVE	
CITY-ST-ZIP	WATERTOWN NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	THIEL, HEINZ H	
STREET ADDRESS	MOOSACHER STRASSE 80	
CITY-ST-ZIP	GERMANY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIEDLINGER, PETER	
STREET ADDRESS	MOOSACHER STRASSE 80	
CITY-ST-ZIP	GERMANY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Morgan, President 1/8/02 (315) 786-5406

Date

Daytime Phone #

CR2E034 (10/02)