

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001347

FILED
Mar 14, 2012
Secretary of State

Entity Name: ALSTOM GRID INC.

Current Principal Place of Business:

200 GREAT POND DR
WINDSOR, CT 06095

New Principal Place of Business:

Current Mailing Address:

200 GREAT POND DR
WINDSOR, CT 06095

New Mailing Address:

200 GREAT POND DR
P.O. BOX 500
WINDSOR, CT 06095

FEI Number: 13-3201593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: GAUTHIER, PIERRE L
Address: 801 PENNSYLVANIA AVE NW SUITE 855
City-St-Zip: WASHINGTON, DC 20006

Title: VP
Name: SCHOELWER, WILLIAM F
Address: 801 PENNSYLVANIA AVE NW SUITE 855
City-St-Zip: WASHINGTON, DC 20006

Title: D
Name: AUSTIN, RICHARD D
Address: 801 PENNSYLVANIA AVE NW SUITE 855
City-St-Zip: WASHINGTON, DC 20006

Title: T
Name: TOLPA, MICHAEL J
Address: 200 GREAT POND DR
City-St-Zip: WINDSOR, CT 06095

Title: S
Name: JORDAN, PATRICK C
Address: 801 PENNSYLVANIA AVE.
City-St-Zip: WASHINGTON, DC 20004

Title: DP
Name: STENIFORD, KEITH
Address: 801 PENNSYLVANIA AVE.
City-St-Zip: WASHINGTON, DC 20004

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. TOLPA

T

03/14/2012

Electronic Signature of Signing Officer or Director

_____ Date