

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004964

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: ALSTOM TRANSPORTATION INC.

## Current Principal Place of Business:

353 LEXINGTON AVE  
STE 1100  
NEW YORK, NY 10016

## New Principal Place of Business:

## Current Mailing Address:

353 LEXINGTON AVE  
STE 1100  
NEW YORK, NY 10016

## New Mailing Address:

FEI Number: 11-2949993      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ROELOF, VAN A  
Address: 353 LEXINGTON AVE STE 1100  
City-St-Zip: NEW YORK, NY 10016

Title: S ( ) Delete  
Name: WORDES, DANA  
Address: 353 LEXINGTON AVE., STE.1100  
City-St-Zip: NEW YORK, NY 10016

Title: VFA ( ) Delete  
Name: JUILLARD, J. CHRISTOPHE  
Address: 353 LEXINGTON AVENUE SUITE 1100  
City-St-Zip: NEW YORK, NY 10016

Title: VP (X) Delete  
Name: BALL, BRUCE  
Address: 353 LEXINGTON AVE STE 1100  
City-St-Zip: NEW YORK, NY 10016

Title: AT (X) Delete  
Name: SCHOELWER, WILLIAM  
Address: 2000 DAY HILL ROAD  
City-St-Zip: WINDSOR, CT 06095

Title: T (X) Delete  
Name: SCHAGENDHAUFFEN, THEIRRY  
Address: ONE TRANSIT DRIVE  
City-St-Zip: HORNELL, NY 14843

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DANA WORDES

S

07/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date