

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005014 (4)**

1. Corporation Name

**ANSALDO NORTH AMERICA INC.**



Principal Place of Business

**375 PARK AVENUE 38TH FLOOR  
NEW YORK NY 10152**

Mailing Address

**375 PARK AVENUE 38TH FLOOR  
NEW YORK NY 10152**

3. Date Incorporated or Qualified  
**10/16/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

**1401 Brickell Avenue**

4. FEI Number  
**13-3124387**

Applied For  
Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

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

City & State

City & State  
**Miami, FL**

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

Zip Country

Zip Country  
**33131 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of officer or director

Name, Title and Agent signature required for registration

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORETTI, STEFANO</b>	
STREET ADDRESS	<b>375 PARK AVENUE, SUITE 3801</b>	
CITY - ST - ZIP	<b>NEW YORK NY 10152</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>NARDI, VINCENZO</b>	
STREET ADDRESS	<b>430 MOUNTAIN AVENUE</b>	
CITY - ST - ZIP	<b>NEW PROVIDENCE NJ 07974</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>ZARETSKY, MARC</b>	
STREET ADDRESS	<b>430 MOUNTAIN AVENUE</b>	
CITY - ST - ZIP	<b>NEW PROVIDENCE NJ 07974</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COLAIEMMA, VICTOR</b>	
STREET ADDRESS	<b>430 MOUNTAIN AVENUE</b>	
CITY - ST - ZIP	<b>NEW PROVIDENCE NJ 07974</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBERTI, ENRICO</b>	
STREET ADDRESS	<b>1401 BRICKELL AVENUE</b>	
CITY - ST - ZIP	<b>MIAMI FL 33131</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASABELLA, MARIO</b>	
STREET ADDRESS	<b>VIA PIERAGOSTINI, 50/ 16151 GENOVA</b>	
CITY - ST - ZIP	<b>ITALY</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>KARLIN, ALESSANDRO</b>	
3. STREET ADDRESS	<b>1401 BRICKELL AVENUE, SUITE 600</b>	
4. CITY - ST - ZIP	<b>MIAMI, FL 33131</b>	
2. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>MALLEN, MASSINO</b>	
3. STREET ADDRESS	<b>1401 BRICKELL AVENUE, SUITE 600</b>	
4. CITY - ST - ZIP	<b>MIAMI, FL 33131</b>	
3. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3. NAME	<b>UKMAR, GIAMPAOLO</b>	
3. STREET ADDRESS	<b>1401 BRICKELL AVENUE, SUITE 600</b>	
4. CITY - ST - ZIP	<b>MIAMI, FL 33131</b>	
4. TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	<b>Di NISS, LOUISE</b>	
4. STREET ADDRESS	<b>430 Mountain Avenue</b>	
4. CITY - ST - ZIP	<b>New Providence, NJ 07974</b>	
5. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		
5. STREET ADDRESS		
5. CITY - ST - ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		
6. STREET ADDRESS		
6. CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 or is changed, as on an attachment, on an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05/01/96 (305)374-8829**  
DATE DAYTIME #

CR2E034 (12/95)