

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Feb 25 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005014 (4)**  
1. Corporation Name  
**ANSALDO NORTH AMERICA INC.**



Principal Place of Business <b>430 MOUNTAIN AVE NEW PROVIDENCE NJ 07974 US</b>	Mailing Address <b>1401 BRICKELL AVENUE 600 MIAMI FL 33131 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>430 MOUNTAIN AVE</b>	2a. Mailing Address 26 <b>1401 Brickell Ave</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>Ste 600</b>
City & State 23 <b>NEW Providence, NJ</b>	City & State 28 <b>MIAMI, FL</b>
Zip 24 <b>07974</b>	Country 25 <b>US</b>
Zip 29 <b>33131</b>	Country 30 <b>US</b>

3. Date Incorporated or Qualified <b>10/16/1995</b>	4. FEI Number <b>13-3124387</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>PIETRO, CALATRONI</b>	
STREET ADDRESS	<b>430 MOUNTAIN AVE.</b>	
CITY-ST-ZIP	<b>NEW PROVIDENCE NJ</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 checked="" 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>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KARLIN, ALESSANDRO</b>	
STREET ADDRESS	<b>1401 BRICKELL AVE., STE 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GIBERTI, ENRICO</b>	
STREET ADDRESS	<b>1401 BRICKELL AVE., STE. 600</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ZAMPINI, GIUSEPPE</b>	
STREET ADDRESS	<b>VIA PIERAGOSTINI, 50-16151</b>	
CITY-ST-ZIP	<b>GENOVA IT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Di Niso, Louise</b>	
1.3 STREET ADDRESS	<b>430 MOUNTAIN AVE</b>	
1.4 CITY-ST-ZIP	<b>NEW Providence, NJ 07974</b>	
2.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MALLEN, MASSIMO</b>	
2.3 STREET ADDRESS	<b>1401 Brickell Ave #600</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CONTE, MARIO</b>	
3.3 STREET ADDRESS	<b>430 MOUNTAIN AVE</b>	
3.4 CITY-ST-ZIP	<b>NEW PROVIDENCE, NJ 07974</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TOMASINA, GIANCARLO</b>	
4.3 STREET ADDRESS	<b>PIAZZA MONUMENTO, 12</b>	
4.4 CITY-ST-ZIP	<b>Legnano 20025 ITALY</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>DE Benedictis, Alberto</b>	
5.3 STREET ADDRESS	<b>Piazza Monte Grappa, 4</b>	
5.4 CITY-ST-ZIP	<b>Rome 00195 Italy</b>	
6.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>UKMAR, GIANPAOLO</b>	
6.3 STREET ADDRESS	<b>1401 BRICKELL AVE #600</b>	
6.4 CITY-ST-ZIP	<b>MIAMI, FL 33131</b>	

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: *Alessandro Karlin* - **A. KARLIN** Feb 12, 1998

CR2E034 (10/97)