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.. PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500005093

Corporation Name

GEC ALSTHOM, INC.

Principal Place of Business		Mailing Address					5111	• •••••	
4 SKYLINE DR. HAWTHORNE NY 10532-2120		4 SKYLINE DR. HAWTHORNE NY 10532-2120							
HAWTHORNE I	NT 10532-2120	HAWTHORNE NT 10032-	2120			DO NOT	WRITE IN T	HIS SPACE	
						3. Date Incorporated or Qua	lifed		
						10/19/1995			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			pplied For
21	4	26				13-3201593			ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗀		Additional lequired
City & State		27 City & State			6. Election Campaign Finance	ina		· ·	
23		28			Trust Fund Contribution			May Be to Fees	
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the	current vea		
24	25	29	30			Personal Property Tax.		☐Yes	□No
	9. Name and Address of Curren	t Registered Agent		I		10. Name and Address of N	ew Registe	red Agent	
^ -	CORROBATION OVOTEM			81	Name		•		
	CORPORATION SYSTEM			82	Street Addre	ess (P.O. Box Number is Not Acc	ceptable)		
1200 SOUTH PINE ISLAND ROAD				Ш		Gross (C.S. Son Hallison to Harrisocopiation)			
FLA	NTATION FL 33324			83					
				84	City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	85 Zip	Code
				\perp				<u>-L </u>	<u> </u>
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was	authorized	d by tl	-named corpo he corporation	oration submits this statement for n's board of directors. I hereby a	the purposiccept the ap	e of changing its opointment as re	s registered egistered
agent. I a	am familiar with, and accept the obligat	tions of, Section 607.0505, F	lorida Stat	utes.	•	•	-		=
SIGNATURE									
	Signature, typed or printed name of registered agent				signature required		DATE		ORS IN 12
12.	Signature, typed or printed name of registered agen OFFICERS AN	at and title if applicable. (NCD DIRECTORS	TE: Registered	l Agent	signature required	when reinstating) ADDITIONS/CHANGES TO			ORS IN 12
12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.	I Agent	signature required			AND DIRECTO	
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS ANI PDC JANCEK, PAUL	D DIRECTORS	13. 1.1 TI 1.2 No	I Agent TLE AME				AND DIRECTO	
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

HAWTHORNE NY 10532-2160

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/89 (914)385-527