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Mar 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005117 (5)

1. Corporation Name
BOMBARDIER TRANSIT CORPORATION

Principal Place of Business
450 LEXINGTON AVENUE, SUITE 3260
NEW YORK NY 10017

Mailing Address
450 LEXINGTON AVENUE, SUITE 3260
NEW YORK NY 10017-3911



3. Date Incorporated or Qualified 10/20/1995
3a. Date of Last Report 07/05/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 03-0349631		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	V
NAME	LEBLANC, JEAN-YVES	1.2 NAME	Jacques Laparé
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	1.3 STREET ADDRESS	P.O. Box 250, Station A
CITY-ST-ZIP	QUEBEC, J3V 6E6	1.4 CITY-ST-ZIP	Kingston (Ontario) K7M 6R2 CANADA
TITLE	VT	2.1 TITLE	SD
NAME	SIMONEAU, ANDRE	2.2 NAME	Jean Rivard
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	2.3 STREET ADDRESS	800 René-Lévesque Blvd. West, Suite 3000
CITY-ST-ZIP	QUEBEC, J3V 6E6	2.4 CITY-ST-ZIP	Montreal (Quebec) H3B 1Y8 CANADA
TITLE	DV	3.1 TITLE	
NAME	BARIL, MICHEL	3.2 NAME	
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	3.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC, J3V 6E6	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	STRANGL, PETER E	4.2 NAME	
STREET ADDRESS	450 LEXINGTON AVENUE, SUITE 3260	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	VGM	5.1 TITLE	
NAME	CUTTLE, DAVID	5.2 NAME	
STREET ADDRESS	71 WALL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLATTSBURGH NY 12901	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	
NAME	LAROSE, PAUL H	6.2 NAME	
STREET ADDRESS	800 RENE-LEVESQUE BLVD WEST, MONTREAL	6.3 STREET ADDRESS	
CITY-ST-ZIP	QUEBEC H3B 1Y8	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature of Paul H. Larose

PAUL H. LAROSE

Feb. 19, 1997 (514) 861-9481

CR2E034 (9/96)