

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 12, 1999 8:00 am
Secretary of State

03-12-1999 90017 032 ***450.00

DOCUMENT # F95000005117

1. Corporation Name

BOMBARDIER MASS 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1995

4. FEI Number

03-0349631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	LEBLANC, JEAN-YVES	
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	
CITY-ST-ZIP	QUEBEC, J3V 6E6	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SIMONEAU, ANDRE	
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	
CITY-ST-ZIP	QUEBEC, J3V 6E6	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BARIL, MICHEL	
STREET ADDRESS	1101 PARENT STREET, ST-BRUNO	
CITY-ST-ZIP	QUEBEC, J3V 6E6	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STRANGL, PETER E	
STREET ADDRESS	101 PARK AVE, STE 2609	
CITY-ST-ZIP	NY NY 10178	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUTTLE, DAVID	
STREET ADDRESS	71 WALL STREET	
CITY-ST-ZIP	PLATTSBURGH NY 12901	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LAROSE, PAUL H	
STREET ADDRESS	800 RENE-LEVESQUE BLVD WEST, MONTREAL	
CITY-ST-ZIP	QUEBEC H3B 1Y8	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	M Paul Harris
2.3 STREET ADDRESS	P.O. Box 768
2.4 CITY-ST-ZIP	Barre, VT 05641
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V Jacques Laparé
3.3 STREET ADDRESS	P.O. Box 220, Station A
3.4 CITY-ST-ZIP	Kingston (Ontario) K7M 6R2
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S Roger Carle
5.3 STREET ADDRESS	800 René-Lévesque West, Ste 2900
5.4 CITY-ST-ZIP	Montreal (Quebec) H3B 1Y8
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul H. Larose

Feb. 18, 1999 (514) 861-9481

Date

Daytime Phone #

CR2E034 (11/98)