FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 05, 2001 8:00 am DOCUMENT # F95000005117 **Secretary of State** 1. Entity Name BOMBARDIER MASS TRANSIT CORPORATION 03-05-2001 90100 001 ***300.00 Principal Place of Business Mailing Address 71 WALL STREET 1101 PARENT STREET PLATTSBURGH NY 12901 ST BRUNO J3V- 6E6 CA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 03-0349631 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ;R2E034 (10/00) TITLE ☐ Delete TITLE General Manager, Plattsbuffgh Plant LEBLANC, JEAN-YVES NAME NAME BLANCHET, SERGE STREET ADDRESS STREET ADDRESS 1101 PARENT STREET, ST-BRUNO 71 Wall Street CITY-ST-ZIP CITY-ST-ZIP QUEBEC, J3V 6E6 Plattsburgh, N.Y. 12901 Vice President, Operation Stange CUTTLER, DAVID M. 71 Wall Street TITLE X Delete TITLE HARRIS, PAUL NAME NAME STREET ADDRESS PO-BOX-768 STREET ADDRESS CITY-ST-ZIP BARRE VT 05641 CITY-ST-ZIP Plattsburgh, N.Y. 12901 ☐ Addition TITLE TITLE XX Change □ Delete LAPARE, JACQUES NAME NAME STREET ADDRESS PO BOX 220 STATION A STREET ADDRESS 1101 Parent Street CITY-ST-ZIP CITY-ST-ZIP KINGSTON ONTARIO CN K7M-6R2 St-Bruno (Quebec) Canada J3V_6E6 ☐ Addition TITLE ☐ Delete TITLE XX Change STRANGL PETER E NAME NAME Stangl STREET ADDRESS 101 PARK AVE, STE 2609 STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP NY NY 10178 vice President, finance & Thf & Matio TITLE ☐ Delete TITI F NAME CARLE, ROGER NAME ALARY, PIERRE STREET ADDRESS 800 RENE-LEVESQUE WEST STE 2900 STREET ADDRESS 1101 Parent Street CITY-ST-ZIP CITY-ST-ZIP MONTREAL QUEBEC CN H3B- 1Y8 <u> St-Bruno (Quebec) Canada J3V 6E6</u> X Delete TITLE XXAddition TITLE Treasurer LAROSE, PAUL H-NAME NAME ROUSSEL, SERGE L. STREET ADDRESS 800 RENE LEVESQUE BLVD WEST, MONTREAL STREET ADDRESS 1101 Parent Street CITY-ST-ZIP QUEBEC H3B 1Y8 CITY-ST-ZIP St-Bruno (Ouebec) Canada J3V 6E6 13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.