

# 2002 UNIFORM BUSINESS REPORT (UBR)

0057663 IN

DOCUMENT # F95000005117

1. Entity Name

BOMBARDIER MASS TRANSIT CORPORATION

FILED

02 APR 30 PM 12: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>71 WALL STREET PLATTSBURGH NY 12901</b>	Mailing Address <b>1101 PARENT STREET ST BRUNO J3V- 6E6 CA</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>03-0349631</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>CD</del> <b>LEBLANC, JEAN-YVES</b> <b>1101 PARENT STREET, ST-BRUNO</b> <b>QUEBEC, J3V 6E6</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPO</b> <b>CUTTLLER, DAVID M</b> <b>71 WALL STREET</b> <b>PLATTSBURGH NY 12901</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAPARE, JACQUES</b> <b>1101 PARENT STREET</b> <b>ST-BRUNO (QUEBEC) CANADA J3V- 6E6</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>STANGL, PETER E</b> <b>101 PARK AVE, STE 2609</b> <b>NY NY 10178</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CARLE, ROGER</b> <b>800 RENE-LEVESQUE WEST STE 2900</b> <b>MONTREAL QUEBEC CN H3B- 1Y8</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROUSSEL, SERGE L</b> <b>1101 PARENT STREET</b> <b>ST-BRUNO (QUEBEC) CANADA J3V- 6E6</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700005500807</b> <b>-05/09/02--01058--007</b> <b>****300.00 ****150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>#1101Parent Street</b> <b>St-Bruno (Québec) Canada J3V 6E6</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Executive V. President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Johanne Delage</b> <b>1101 Parent Street</b> <b>St-Bruno, Québec, Canada J3V 6E6</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or 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 full other like empowered.

SIGNATURE: *Johanne Delage* 2002-04-19 450-441-3003

CR2E034 (9/01)