


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91158 040 \*\*\*150.00

<b>DOCUMENT #</b> F96000002687	
<b>1. Entity Name</b> BOMBARDIER MOTOR CORPORATION OF AMERICA	

**DO NOT WRITE IN THIS SPACE**

**11041360**

<b>2. Principal Place of Business</b> 451 EAST ILLINOIS STREET Suite, Apt. #, etc.	<b>3. Mailing Address</b> 10101 SCIENCE DRIVE Suite, Apt. #, etc.
<b>City &amp; State</b> BENTON, IL	<b>City &amp; State</b> STURTEVANT, WI
<b>Zip</b> 62812	<b>Country</b> USA
<b>Zip</b> 53177	<b>Country</b> USA

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 37-1341308	<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> CT CORPORATION SYSTEM <b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 SOUTH PINE ISLAND ROAD <b>City</b> PLANTATION <b>FL</b> <b>Zip Code</b> 33324	

**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. I am familiar with, and accept the obligations of registered agent.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD: BARIL, MICHEL 1061 PARENT STREET ST-BRUNO, QUEBEC CA J3V 6P1	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP: BOISJOLI, JOSE 565 DE LA MONTAGNE STREET VALCOURT, QUEBEC CA JOE 2L0	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VPD: LAMBERT, ROCH 10101 SCIENCE DRIVE STURTEVANT, WI USA 53177	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	VP: ARSENAULT, PIERRE 565 DE LA MONTAGNE STREET VALCOURT, QUEBEC CA JOE 2L0	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T: BACHANT, RAYMOND 1061 PARENT STREET ST-BRUNO, QUEBEC CA J3V 6P1	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	AT: EMOND, JACQUES 10101 SCIENCE DRIVE STURTEVANT, WI USA 53177	<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	

**12.** 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ASSISTANT TREASURER**

**(262) 884-5000**

Date

Daytime Phone #

CR2E034B (12/02)