

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000006386**

1. Entity Name

UNION SWITCH & SIGNAL INC.**FILED****Apr 05, 2001 8:00 am**
Secretary of State

04-05-2001 90097 036 ***150.00

Principal Place of Business

**1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219
US**

Mailing Address

**1000 TECHNOLOGY DRIVE
PITTSBURGH PA 15219
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1579001**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525****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

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

(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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MANDELLI, JOHN	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LUCAS, ROBERT M	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGLIARDI, GIOVANNI R	
STREET ADDRESS	1000 TECHNOLOGY DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	MCCURRIE, BRIAN H	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, JAMES N	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	PITTSBURGH PA 15219	
TITLE	V	<input type="checkbox"/> Delete
NAME	PIDGEON, THOMAS	
STREET ADDRESS	1000 TECHNOLOGY DR	
CITY-ST-ZIP	PITTSBURGH PA 15219	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenneth Burk	
STREET ADDRESS	1000 Technology Drive	
CITY-ST-ZIP	Pittsburgh PA 15219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Jay R. Gritton	
STREET ADDRESS	1000 Technology Drive	
CITY-ST-ZIP	Pittsburgh PA 15219	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

Brian H. McCurrie, VP & CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/01 803/532/7569

CR2E034 (10/00)