

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9000001621

1. Entity Name

Bombardier Transit Corooration

Principal Place of Business

101, Park Avenue  
Suite, 2609  
New York NY 10178

Mailing Address

1101 Parent Street  
St-Bruno (QB)  
J3V 6E6

FILED

02 APR 30 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

06-150 8773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT 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

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, 2000 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 ☐ Delete  
NAME President  
STREET ADDRESS Peter E. Stangl  
CITY-ST-ZIP 101 Park Avenue New York, NY  
USA 10178

TITLE ☐ Delete  
NAME Executive Vice PResident  
STREET ADDRESS JAcques Laparé  
CITY-ST-ZIP 1101 Parent Street St-Bruno (QC)

TITLE ☐ Delete  
NAME Secretary  
STREET ADDRESS Roger Carle  
CITY-ST-ZIP 800 Rene Levesque West Montreal (QC)

TITLE ☐ Delete  
NAME Treasurer  
STREET ADDRESS Serge Roussel  
CITY-ST-ZIP 1101 Parent Street St-Bruno (QC)

TITLE ☐ Delete  
NAME Assistant-Treasurer  
STREET ADDRESS Louis Morin  
CITY-ST-ZIP 800 Rene Levesque West Montreal (QC)

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Canada H3B 1Y8

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME Assistant-Treasurer  
STREET ADDRESS Johanne Delage  
CITY-ST-ZIP 1101 Parent Street St-Bruno (QC)  
Canada J3V 6E6

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 200005500802-1  
STREET ADDRESS -05/09/02--01058--007  
CITY-ST-ZIP \*\*\*\*\*300.00 \*\*\*\*\*150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2002-04-10

Date

450-441-3003 #6570

Daytime Phone #

CR2E034 (9/99)