

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000933

1. Entity Name

ALSTOM USA INC.

Principal Place of Business

4 SKYLINE DRIVE  
HAWTHORNE NY 10532-2160

Mailing Address

4 SKYLINE DRIVE  
HAWTHORNE NY 10532-2160

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 13-3201593

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 *Anthony D'Iorio*  
Signature, typed or printed name of registered agent and title if applicable.

SECRETARY

(NOTE: Registered Agent signature required when reinstating)

4/26/01  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JANCEK, PAUL J	
STREET ADDRESS	4 DUNCAN ROAD	
CITY-ST-ZIP	HOHOKUS NJ	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, TRACY J	
STREET ADDRESS	21 FULLMAR LANE	
CITY-ST-ZIP	NORWALK CT	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAUTSCHI, FRITZ	
STREET ADDRESS	2000 DAY HILL ROAD	
CITY-ST-ZIP	WINDSOR CT	
TITLE	SD	<input type="checkbox"/> Delete
NAME	D'IORIO, ANTHONY	
STREET ADDRESS	4 SKYLINE DRIVE	
CITY-ST-ZIP	HAWTHORNE NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOLE, PEDRO	
STREET ADDRESS	25 AVE KELBER	
CITY-ST-ZIP	PARIS, FRANCE 75795	
TITLE	D	<input type="checkbox"/> Delete
NAME	POPE, BRIAN	
STREET ADDRESS	1123 ADMIRAL PEARY WAY, QK	
CITY-ST-ZIP	PHILADELPHIA PA 19112	

TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ GAUTSCHI	
STREET ADDRESS	2000 DAY HILL RD	
CITY-ST-ZIP	WINDSOR CT	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY SCHAD	
STREET ADDRESS	2000 DAY HILL RD	
CITY-ST-ZIP	WINDSOR CT	
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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY D'IORIO

SECRETARY

Date

Daytime Phone #

914 345 5191



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)