

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2002 8:00 am**  
**Secretary of State**  
 02-18-2002 90150 045 \*\*\*150.00

**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**

**300 Tice Blvd.**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**2000 Day Hill Rd.**  
 Suite, Apt. #, etc.

**City & State**  
**Woodcliff, NJ**

**Zip**  
**07677**

**Country**  
**USA**

**City & State**  
**Windsor, CT**

**Zip**  
**06095**

**Country**  
**USA**

**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**

**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**

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>JANCEK, PAUL J</b>	
<b>STREET ADDRESS</b>	<b>4 DUNCAN ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>HOHOKUS NJ</b>	
<b>TITLE</b>	<b>T</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SCHAD, JEFFREY</b>	
<b>STREET ADDRESS</b>	<b>2000 DAY HILL RD</b>	
<b>CITY-ST-ZIP</b>	<b>WINDSOR CT</b>	
<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>GAUTSCHI, FRITZ</b>	
<b>STREET ADDRESS</b>	<b>2000 DAY HILL ROAD</b>	
<b>CITY-ST-ZIP</b>	<b>WINDSOR CT</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>D'IORIO, ANTHONY</b>	
<b>STREET ADDRESS</b>	<b>4 SKYLINE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>HAWTHORNE NY</b>	
<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>SOLE, PEDRO</b>	
<b>STREET ADDRESS</b>	<b>25 AVE KELBER</b>	
<b>CITY-ST-ZIP</b>	<b>PARIS, FRANCE 75795</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>POPE, BRIAN</b>	
<b>STREET ADDRESS</b>	<b>1123 ADMIRAL PEARY WAY, QK</b>	
<b>CITY-ST-ZIP</b>	<b>PHILADELPHIA PA 19112</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>PD Michael Barnoski</b>
<b>STREET ADDRESS</b>	<b>2000 Day Hill Rd.</b>
<b>CITY-ST-ZIP</b>	<b>Windsor, CT 06095</b>
<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>VSD</b>
<b>STREET ADDRESS</b>	<b>300 Tice Blvd.</b>
<b>CITY-ST-ZIP</b>	<b>Woodcliff, NJ 07677</b>
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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

**Charles J. Sched** **1/30/02**

Date

**860 688-1911**

Daytime Phone #

CR2E034 (9/01)

ATTACHMENT

DOC# F990000000933 <sup>50026855</sup>

Company Name: ALSTOM USA Inc.

**APPOINTMENTS:**

Name	Business Address
Michael Barnoski	2000 Day Hill Road
Chairman & President	Windsor, CT 06095
Anthony D'Iorio	300 Tice Blvd.
Vice President & Secretary	Woodcliff Lake, NJ 07677
Charles J. Schad	2000 Day Hill Road
Treasurer	Windsor, CT 06095
William Schoelwer	2000 Day Hill Road
Assistant Treasurer	Windsor, CT 06095
Jeffrey Cataldo	2000 Day Hill Road
Assistant Treasurer	windsor, CT 06095

**Directors:**

Michael Barnoski

Brian Pope

Anthony D'Iorio