## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## DOCUMENT #

F99000000933

1. Entity Name

SIGNATURE

ALSTOM T&D INC.



## **FILED** Mar 03, 2003 8:00 am **Secretary of State**

03-03-2003 90900 037 \*\*\*150.00

Principal Place of Business 300 TICE BLVD. WOODDIFF NJ 07677 US			Mailing Address 2000 DAY HILL RD. WINDSOR CT 06095		☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
City & State		City & State	City & State		4. FEI Number 13-3201593 Applied For	
Zip	Country	Zip	Count		Not Applicable	
			Count			.75 Additional 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)		
LIMITATION	FL 33324		1			

City 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. I am familiar with, and accept

the obligations of registered agent.

Signature, typed or printed name of registered agent and title il applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

1123 ADMIRAL PEARY WAY, QK

PHILADELPHIA PA 19112

(NOTE: Registered Agent signature required when reinstating)

\$5.00 May Be

DATE

9. Election Campaign Financing Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE

BARNOSKI, MICHAEL NAME NAME STREET ADDRESS 2000 DAY HILL RD STREET ADDRESS CITY-ST-ZIP WINDSOR CT 06095 CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME SCHAD, JEFFREY NAME STREET ADDRESS 2000 DAY HILL RD STREET ADDRESS CITY-ST-7IP WINDSOR CT CITY-ST-7IE TITLE VSD Delete 🔀 TITLE 🗝 🔲 Change Addition Addition NAME GAUTSCHI, FRITZ NAME Pardailte = G-Elabrun STREET ADDRESS 300 TICE BLVD: --STREET-ADDRESS O Chester Pike-CITY-ST-7IP WOODCLIFF NJ 07677 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change D'IORIO, ANTHONY NAME NAME STREET ADDRESS 4 SKYLINE DRIVE STREET ADDRESS CITY-ST-ZIP

HAWTHORNE NY CITY-ST-ZIP TITLE Delete TITLE POPE, BRIAN NAME

☐ Delete

NAME STREET ADDRESS

☐ Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

VATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR