F9900006559

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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FEB 11 2015
T. LEMIEUX



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Alex Smetana

Date: February 5, 2014

Order#: 953389-018

Re: ALSTOM GRID, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Alex Smetana

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of OH registered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: ALSTOM GRID IN	C.		
2. The principal	office address: 130 Third Street, 0 STREETCANTON OH 44702	Canton, OH 44702		
3. The mailing a	address (if different): P.O. Box 500	0, 200 Great Pond Drive, Windsor, CT 06095		
4. Date of incorp	poration/qualification: 12/16/1999	Document number: F99000006559		
	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)		
	CT CORPORATION SYSTEM			
	1203 GOVERNORS SQUARE BLVD, SUITE 101			1 1422
	TALLAHASSEE	FL 32301	t EEB	1987 1987
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered of		-7 AH II: 47	ARY OF S
	Corporation Service Company		#_	SATE OF THE SATE O
	1201 Hays Street		~	끌'
	P.O. Bo Tallahassee	ox NOT acceptable FL 32301		
The street addre	ess of its registered office and the sbe identical.	street address of the business office of its register	red agen	ı t ,
Such change was authorized by the	as authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.	3	
Dona Priebe, Vice President				
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	o comply with the provisions of all my duties, and I am familiar with	Printed or typed name and title int and agree to act in this capacity. It statutes relative to the proper and complete and accept the obligation of my position as regis o reflect a change in the registered office addres fied in writing of this change. 01/09/2014	stered	
	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Sylvia Queppe	t, Assistant Vice President			
	ped or Printed Name			

* * * FILING FEE: \$35.00 * * *