

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P28394**

(5)

1. Corporation Name

WESTINGHOUSE AIR BRAKE COMPANY

Principal Place of Business

**1209 ORANGE ST.
WILMINGTON DE 19801**

Mailing Address

**1209 ORANGE ST.
WILMINGTON DE 19801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1990

3a. Date of Last Report

04/18/1994

4. FEI Number

25-1615902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and filed a declaration)

(NOTE: Registered Agent signature required when terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

**KASSLING, WILLIAM E.
540 SQUAW RUN RD E
PHILADELPHIA PA**

STREET ADDRESS

CITY ST ZIP

TITLE

VST

NAME

**BROOKS, ROBERT J.
3465 TREELINE DR
MURRYSVILLE PA**

STREET ADDRESS

CITY ST ZIP

TITLE

D

NAME

**BROOKS, ROBERT J.
3465 TREELINE DR
MURRYSVILLE PA**

STREET ADDRESS

CITY ST ZIP

TITLE

V

NAME

**ROSNER, ROBERT L.
145 E. 45TH ST.
NEW YORK NY**

STREET ADDRESS

CITY ST ZIP

TITLE

VD

NAME

**KELLY, JAMES P
1900 E 7TH AVE
DENVER CO**

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY ST ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY ST ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY ST ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY ST ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY ST ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY ST ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report is a voluntary annual report in form and substance 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, and that I am a resident of this state, or an officer or director of a corporation or trust or partnership organized or doing business in this state, and that my name appears in Block 12 or Block 13 of this report, or on my affidavit with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-16-95 (412) 825-1312