FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **P28394** **(5)**

1. Corporation Name
WESTINGHOUSE AIR BRAKE COMPANY

Principal Place of Business	Mailing Address
1209 ORANGE ST. WILMINGTON DE 19801	1209 ORANGE ST. WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/06/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 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 607.0202 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registe 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and date of appointment (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	KASSLING, WILLIAM E.		1.2 NAME	
STREET ADDRESS	540 SQUAW RUN RD E		1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA		1.4 CITY-ST-ZIP	
TITLE	VST	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	BROOKS, ROBERT J.		2.2 NAME	
STREET ADDRESS	3465 TREELINE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MURRYSVILLE PA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addi
NAME	BROOKS, ROBERT J.		3.2 NAME	
STREET ADDRESS	3465 TREELINE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MURRYSVILLE PA		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME	FERNANDEZ, EMILIO A		4.2 NAME	
STREET ADDRESS	669 LIVE OAK DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEON VA		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME	KELLEY, JAMES P		5.2 NAME	
STREET ADDRESS	1225 17TH ST, STE 1660		5.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HUNTINGTON, JAMES C JR		6.2 NAME	
STREET ADDRESS	613 TWIN PINE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: