2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

APPROVEL **DOCUMENT # P28394** 1. Entity Name WESTINGHOUSE AIR BRAKE COMPANY 00 AUG 16 AM 10: 00 Lechnologies SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1209 ORANGE ST. 1209 ORANGE ST. WILMINGTON DE 19801 WILMINGTON DE 19801-1120 2. Principal Place of Business 3. Mailing Address 1001 Air Brake 1001 Air Bruke Ave DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 25-1615902 PA lpha arphiNot Applicable Wilmendi Wilmend Ζiρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 15,148 Alleghe 15148 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200-S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, m, ceo esident, coo Addition ☐ Delete TITLE TITLE KASSLING, WILLIAM E. NAME NAME STREET ADDRESS STREET ADDRESS 540 SQUAW RUN RD E simunia. CDTV-ST-7IP CITY-ST-ZIP PITTSBURGH PA Asest. Secreto ☐ Change **Addition** Delete TITLE TITLE vst BROOKS, ROBERT J. NAME BOD Hurka NAME STREET ADDRESS STREET ADDRESS 3465 TREELINE DR 1001 ATT Broke Ave. CITY-ST-ZIP CITY-ST-ZIP MURRYSVILLE PA Wilmending, PA 1514 Addition ☐ Change ☐ Delete TITLE D TITLE BROOKS, ROBERT-J. NAME NÁME STREET ADDRESS STREET ADDRESS 3465 TREELINE OR CITY-ST-ZIP CITY-ST-ZIP MURRYSVILLE PA ☐ Change ☐ Addition TITLE Delete TITLE FERNANDEZ, EMILIO A NAME NAME STREET ADDRESS STREET ADDRESS **669 LIVE OAK DRIVE** CITY-ST-ZIP CITY-ST-ZIP MCLEON VA ☐ Change ☐ Addition Delete TITLE TITLE w KELLEY, JAMES P NAME NAME STREET ADDRESS 1225 17TH ST, STE 1660 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO ☐ Change ☐ Addition TITLE ☐ Delete TITLE HUNTINGTON, JAMES C JR NAME STREET ADDRESS 613 TWIN PINE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PITTSBURGH PA 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 call; 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.

8/9/00-90064-001-\$1,650.00-\$550.00

7-31-00