2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P28394

1. Entity Name
WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORPORATION

Principal Place of Business	Mailing Address
1001 AIR BRAKE AVENUE WILMERDING, PA 15148	1001 AIR BRAKE AVENUE WILMERDING, PA 15148

DO NOT WRITE IN THIS SPACE

01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
25-1615902

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000086587
03/12/04-80028-021 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIES, GREGORY T H
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148
TITLE	S
NAME	GARCIA-TUNON, ALVARO
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148
TITLE	T
NAME	SOCHER, GEORGE A
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148
TITLE	D
NAME	BROOKS, ROBERT J
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148
TITLE	D
NAME	FERNANDEZ, EMILIO A
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148
TITLE	D
NAME	DAVIS, KIM G
STREET ADDRESS	1001 AIR BRAKE AVE
CITY-ST-ZIP	WILMERDING, PA 15148

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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.

SIGNATURE: _____ 3/8/04 412-825-1196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #