## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P32950

Entity Name: ALSTOM SIGNALING INC.

FILED Jan 21, 2008 Secretary of State

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	N STREET NRIETTA, NY	145869781 US			
Current Mailing Address:			New Mailing Address:		
P.O. BOX ROCHEST	20600 ΓER, NY 1460:	2 US			
FEI Number	: 52-1711877	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	s of New Registered Agent:	
1200 S. PI PLANTATI	ORATION SYS NE ISLAND RO ION, FL 33324	DAD US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D ( ) BLANC, GERAF 48 RUE ALBER PARIS, FRANC	T AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D ( ) MARIEN, MICH 48 RUE ALBER PARIS, FRANC	T DHALENNES	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CAMILO, ULISS 1025 JOHN ST		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	O'NEILL, ELLE 1025 JOHN ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DELESPAUL, T 1025 JOHN ST		Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THIBAUT DELESPAUL V 01/21/2008