

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P35006 (6)

1. Corporation Name

GEC ALSTHOM SALES NETWORK INC.



Principal Place of Business

4 SKYLINE DRIVE  
HAWTHORNE, NY.  
NEW YORK NY 10532

Mailing Address

4 SKYLINE DRIVE  
HAWTHORNE, NY.  
NEW YORK NY 10532

3. Date Incorporated or Qualified  
08/08/1991

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

13-1916024

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME  
D Kaelin, Bruno  
STREET ADDRESS  
53 AVENUE BAUDIN  
CITY-STATE-ZIP  
LEVALLOIS FR

12 NAME  
VICE PRESIDENT  
TRACY SAITH  
13 STREET ADDRESS  
4 SKYLINE DRIVE  
14 CITY-STATE-ZIP  
HAWTHORNE NY 10532

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME  
JANCEK, PAUL J.  
STREET ADDRESS  
4 SKYLINE DRIVE  
CITY-STATE-ZIP  
HAWTHORNE NY

22 NAME  
DIRECTOR  
DOUGLAS R EDWARDS  
23 STREET ADDRESS  
ST LEONARDS AVENUE  
24 CITY-STATE-ZIP  
STAFFORD ST17 4LY

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME  
RALPH, BRIAN J.  
STREET ADDRESS  
4 SKYLINE DRIVE  
CITY-STATE-ZIP  
HAWTHORNE NY

32 NAME  
DIRECTOR  
MICHEL AUGANNET  
33 STREET ADDRESS  
13 RUE ANTONIN-Raynard  
34 CITY-STATE-ZIP  
LEVALLOIS FRANCE

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
COONAN, JOHN  
STREET ADDRESS  
4 SKYLINE DRIVE  
CITY-STATE-ZIP  
HAWTHORNE NY

42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

STREET ADDRESS

53 STREET ADDRESS

CITY-STATE-ZIP

54 CITY-STATE-ZIP

TITLE

6.1 TITLE

NAME

62 NAME

STREET ADDRESS

63 STREET ADDRESS

CITY-STATE-ZIP

64 CITY-STATE-ZIP

TITLE

65 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*John Coonan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Coonan President Secretary 1/3/96 (914) 345-5271

Date

Daytime Phone #

CR2E034 (12/95)