


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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 10532-2143		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/08/1991	
				3a. Date of Last Report 01/30/1996	
				4. FEI Number 13-1916024	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 607.0502 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 <input type="checkbox"/> Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	KAEIN, BRUNO				
STREET ADDRESS	53 AVENUE BAUDIN				
CITY-ST-ZIP	LEVALLOIS FR				
TITLE	PD <input type="checkbox"/> DELETE				
NAME	JANCEK, PAUL J.				
STREET ADDRESS	4 SKYLINE DRIVE				
CITY-ST-ZIP	HAWTHORNE NY				
TITLE	VST <input checked="" type="checkbox"/> DELETE				
NAME	RALPH, BRIAN J.				
STREET ADDRESS	4 SKYLINE DRIVE				
CITY-ST-ZIP	HAWTHORNE NY				
TITLE	AS <input type="checkbox"/> DELETE				
NAME	COONAN, JOHN				
STREET ADDRESS	4 SKYLINE DRIVE				
CITY-ST-ZIP	HAWTHORNE NY				
TITLE	VP <input type="checkbox"/> DELETE				
NAME	SMITH, TRACY				
STREET ADDRESS	4 SKYLINE DRIVE				
CITY-ST-ZIP	HAWTHORNE NY				
TITLE	D <input type="checkbox"/> DELETE				
NAME	AUGANNET, MICHEL				
STREET ADDRESS	13 RUE ANTONIN-RAYNARDE				
CITY-ST-ZIP	LEVALLOIS FR				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I do 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: <i>John Coonan</i> JOHN COONAN 2/16/97 (914) 345-5271					

CR2E034 (9/96)