

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004964

Entity Name: ALSTOM TRANSPORTATION INC.**Current Principal Place of Business:**641 LEXINGTON AVENUE
NEW YORK, NY 10022**Current Mailing Address:**200 GREAT POND DR.
P.O. BOX 500
WINDSOR, CT 06095 US**FEI Number:** 11-2949993**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :****Title** PRESIDENT, DIRECTOR**Name** MEHLMAN, GUILLAUME**Address** 641 LEXINGTON AVE
28TH FLOOR**City-State-Zip:** NEW YORK NY 10016**Title** VP, CFO, TREASURER**Name** MATSOUKIS, FREDERIC**Address** 1025 JOHN STREET**City-State-Zip:** WEST HENRIETTA NY 14586**Title** VP**Name** GROSJEAN, SEVERINE**Address** 641 LEXINGTON AVENUE**City-State-Zip:** NEW YORK NY 10022**Title** VP**Name** QUIGLEY, JOSEPH**Address** 1025 JOHN ST.**City-State-Zip:** WEST HENRIETTA NY 14586**Title** SECRETARY**Name** AUSTIN, RICHARD**Address** 801 PENNSYLVANIA AVE.**City-State-Zip:** WASHINGTON DC 20004**Title** VP**Name** BRUN-BRUNET, STEPHANIE**Address** 641 LEXINGTON AVENUE**City-State-Zip:** NEW YORK NY 10022**Title** VP**Name** HURST, DEREK**Address** 1025 JOHN ST.**City-State-Zip:** WEST HENREITTA NY 14586**Title** VP**Name** SHERIN, SCOTT**Address** 1025 JOHN ST.**City-State-Zip:** WEST HENRIETTA NY 14586**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: JOSEPH F. SCE**ASSISTANT TREASURER** 02/20/2015_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. TREASURER
Name SCE, JOSEPH F.
Address 200 GREAT POND DR.
P.O. BOX 500
City-State-Zip: WINDSOR CT 06095

Title DIRECTOR
Name SCHOELWER, WILLIAM F.
Address 801 PENNSYLVANIA AVE.
City-State-Zip: WASHINGTON DC 20004

Title DIRECTOR
Name CARRATO, MICHAEL
Address 200 GREAT POND DRIVE
City-State-Zip: WINDSOR CT 06095

Title ASST. TREASURER
Name TOLPA, MICHAEL J.
Address 200 GREAT POND DR.
P.O. BOX 500
City-State-Zip: WINDSOR CT 06095

Title DIRECTOR
Name ERICSON, AMY
Address 801 PENNSYLVANIA AVE
City-State-Zip: WASHINGTON DC 20004