

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000005117

**Entity Name:** BOMBARDIER MASS TRANSIT CORPORATION**Current Principal Place of Business:**71 WALL STREET  
PLATTSBURGH, NY 12901**Current Mailing Address:**1101 PARENT STREET  
ATTN: LEGAL DEPARTMENT  
SAINT-BRUNO QUEBEC CANADA, CA J3V6E-6 CA**FEI Number:** 03-0349631**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	P
Name	BACHANT, RAYMOND
Address	1101 PARENT STREET
City-State-Zip:	SAINT-BRUNO QC J3V 6-E6

Title	V
Name	SLACK, DAVID
Address	1808 EYE STREET
City-State-Zip:	WASHINGTON DC 20006

Title	V
Name	FURNISS, ROBERT E
Address	1073 WILLA SPRINGS DRIVE, SUITE 2017
City-State-Zip:	WINTER SPRINGS FL 32708

Title	VP
Name	FABER, THOMAS F
Address	101 GIBRALTAR ROAD SUITE 112
City-State-Zip:	HORSHAM PA 19044

Title	S
Name	TURGEON, JULIE
Address	1101 PARENT
City-State-Zip:	SAINT-BRUNO QC J3V 6-E6

Title	V
Name	SJOGREN, KIMBA
Address	ONE LEARJET WAY
City-State-Zip:	WICHITA KS 67209

Title	T
Name	BOUCHARD, ERIC
Address	1101 PARENT STREET
City-State-Zip:	ST-BRUNO, QUEBEC J3V 6E6

Title	ASSISTANT TREASURER
Name	BIGLEY, JOHN
Address	1501 LEBANON CHURCH ROAD
City-State-Zip:	PITTSBURGH PA 15236

**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:** JULIE TURGEON**SECRETARY****04/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	ASSISTANT SECRETARY
Name	GALARNEAU, MARIE-CLAUDE
Address	1101 PARENT STREET
City-State-Zip:	ST-BRUNO QUEBEC J3V 6E6