

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000006386

Entity Name: ANSALDO STS USA, INC.**Current Principal Place of Business:**1000 TECHNOLOGY DRIVE
PITTSBURGH, PA 15219**Current Mailing Address:**1000 TECHNOLOGY DRIVE
PITTSBURGH, PA 15219 US**FEI Number:** 25-1579001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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
Name POZZA, JOSEPH R
Address 4793 OAKHURST AVENUE
City-State-Zip: GIBSONIA PA 15044

Title CEO
Name WHITE, JASON G
Address 555 TROTWOOD RIDGE ROAD
City-State-Zip: PITTSBURGH PA 15241

Title VP
Name SMITH, HARRY
Address 333 SMAIL ROAD
City-State-Zip: LEECHBURG PA 15656

Title ASST. TREASURER
Name RAO, GOVINDA
Address 231 KENNEY DRIVE
City-State-Zip: SEWICKLEY PA 15143

Title ASST. SECRETARY
Name O'CONNELL, MICHAEL F
Address 436 FOX MEADOW DRIVE
City-State-Zip: WEXFORD PA 15090

Title VP
Name IURLANO, MONICA
Address 445 KITTANNING PIKE
City-State-Zip: PITTSBURGH PA 15215

Title SECRETARY
Name SCOTTI, KATHRYN
Address 2678 TIMBERGLEN DRIVE
City-State-Zip: WEXFORD PA 15090

Title DIRECTOR
Name GAUDIELLO, GIUSEPPE
Address DOMENICA FONTANA 184
City-State-Zip: NAPLES

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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 R. POZZA**PRESIDENT****04/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ANDI, CHRISTIAN
Address VIA MANTOVANI 3-5
City-State-Zip: GENOA

Title DIRECTOR
Name GALLO, RENATO
Address VIA MANTOVANI 3-5
City-State-Zip: GENOA

Title DIRECTOR
Name FRACHIOLLA, MICHELE
Address VIA MANTOVANI 3-5
City-State-Zip: GENOA