

1.) CORPORATION NAME:

**ALSTOM Signaling Inc.**

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1179219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1025 JOHN STREET

CITY/ST/ZIP: WEST HENRIETTA, NY 14586-9781

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	XINHONG LUO	
TITLE:	PRESIDENT	
ADDRESS:	1025 JOHN STREET	
CITY/ST/ZIP/CO:	WEST HENRIETTA, NY 14586	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	FREDERIC MATSOUKIS	
TITLE:	CFO	
ADDRESS:	1025 JOHN STREET	
CITY/ST/ZIP/CO:	WEST HENRIETTA, NY 14586	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ELLEN M O'NEILL	
TITLE:	VP/secretary	
ADDRESS:	1025 JOHN STREET	
CITY/ST/ZIP/CO:	WEST HENRIETTA, NY 14586-9781	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL TOLPA	
TITLE:	TREASURER	
ADDRESS:	200 GREAT POND DRIVE	
CITY/ST/ZIP/CO:	WINDSOR, CT 06095	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GUILLAUME MEHLMAN	
TITLE:	DIRECTOR	
ADDRESS:	353 LEXINGTON AVE STE 1100	
CITY/ST/ZIP/CO:	NEW YORK, NY 10016	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM SCHOELWER	
TITLE:	DIRECTOR	
ADDRESS:	801 PENNSYLVANIA AVE.	
CITY/ST/ZIP/CO:	WASHINGTON, DC 20004	

NAME: Joseph F. Sce TITLE: ASST TREASURER ADDRESS: 200 Great Pond Dr. CITY/ST/ZIP/CO: Windsor, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: Barry Wharity TITLE: VICE PRESIDENT ADDRESS: 1025 John St. CITY/ST/ZIP/CO: West Henreitta, NY 14586	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MICHAEL TOLPA	MICHAEL TOLPA, TREASURER	6/24/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.