

1.) CORPORATION NAME:

ALSTOM Grid Inc.

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F1546615**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 Great Pond Dr.

CITY/ST/ZIP: Windsor, CT 06095

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.

NAME: MICHAEL ATKINSON TITLE: PRESIDENT ADDRESS: 10865 WILLOWS ROAD NE CITY/ST/ZIP/CO: REDMOND, WA 98052	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PIERRE L GAUTHIER TITLE: VICE PRESIDENT ADDRESS: 801 PENNSYLVANIA AVE NW STE 855 CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL SALERNO TITLE: VICE PRESIDENT ADDRESS: 1409 CENTERPOINT BLVD CITY/ST/ZIP/CO: KNOXVILLE, TN 37932	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH SCE TITLE: VP, TAX ADDRESS: 200 GREAT POND DR CITY/ST/ZIP/CO: WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM F SCHOELWER TITLE: VICE PRESIDENT ADDRESS: 801 PENNSYLVANIA AVE NW STE 855 CITY/ST/ZIP/CO: WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES G RANKIN TITLE: ASST TREASURER ADDRESS: 200 GREAT POND DR CITY/ST/ZIP/CO: WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID H SIMPSON ASST TREASURER 200 GREAT POND DR WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J TOLPA TREASURER 200 GREAT POND DR WINDSOR, CT 06095	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SOPHIE CHALLET CFO 801 PENNSYLVANIA AVE NW STE 855 WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE LAURE GOSSET ASST SECRETARY 801 PENNSYLVANIA AVENUE STE 855 WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK JORDAN SECRETARY 801 PENNSYLVANIA AVE NW STE 855 WASHINGTON, DC 20004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY ALLARD DIRECTOR 801 PENNSYLVANIA AVE NW WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD D AUSTIN DIRECTOR 801 PENNSYLVANIA AVE NW STE 855 WASHINGTON, DC 20004	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICK PLAS DIRECTOR 3 AVENUE ANDRE , , FN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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 J TOLPA	MICHAEL J TOLPA, TREASURER	3/18/2013
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.