

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F95000002579 (9)**

1. Corporation Name

**RAIL TRANSPORTATION SYSTEMS, INC.**



Principal Place of Business

Mailing Address

**420 LEXINGTON AVE.  
SUITE 540  
NEW YORK NY 10170-0077**

**420 LEXINGTON AVE.  
SUITE 540  
NEW YORK NY 10170-0077**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**05/26/1995**

3a. Date of Last Report

4. FEI Number

**58-1844735**

Applied for  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature type for printed name of registered agent and title (Block 12)

(NOTE: Registered Agent Signature program will be implemented)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOTILLO, ROBERT M	
STREET ADDRESS	420 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10170-0077	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GONDA, STEPHEN M	
STREET ADDRESS	420 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10170-0077	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRET, CHRISTIAN	
STREET ADDRESS	5, AVENUE DE COQ	
CITY-ST-ZIP	PARIS FRANCE 75009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROCHET, PIERRE-LOUIS	
STREET ADDRESS	5, AVENUE DE COQ	
CITY-ST-ZIP	PARIS FRANCE 75009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIMONY, MAURICE	
STREET ADDRESS	5, AVENUE DE COQ	
CITY-ST-ZIP	PARIS FRANCE 75009	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLAIDIS, ALAIN	
STREET ADDRESS	5, AVENUE DE COQ	
CITY-ST-ZIP	PARIS FRANCE 75009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	BOLGERT, P.A.	
13 STREET ADDRESS	5, AVENUE DE COQ	
14 CITY-ST-ZIP	PARIS, FRANCE 75009	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	ENGEL, A.P.	
23 STREET ADDRESS	1515 BROAD STREET	
24 CITY-ST-ZIP	BLOOMFIELD, NJ 07003	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Stephen M. Gonda* **STEPHEN H. GONDA**

3-28-96

212-986-9866

CR2E034 (12/95)