

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-18-1999 90089 045 \*\*\*\*150.00

**DOCUMENT # F95000002579**

1. Corporation Name  
**RAIL TRANSPORTATION SYSTEMS, INC.**



Principal Place of Business 420 LEXINGTON AVE. SUITE 540 NEW YORK NY 10170-0077	Mailing Address 420 LEXINGTON AVE. SUITE 540 NEW YORK NY 10170-0077	DO NOT WRITE IN THIS SPACE	
		3. Date Incorporated or Qualified <b>05/26/1995</b>	
		4. FEI Number <b>58-1844735</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent		
		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTILLO, ROBERT M	1.2 NAME	
STREET ADDRESS	420 LEXINGTON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10170-0077	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	GONDA, STEPHEN M	2.2 NAME	
STREET ADDRESS	420 LEXINGTON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10170-0077	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	BOUGARD, J. F.	3.2 NAME	
STREET ADDRESS	5 AVENUE DE COQ	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FR	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ROCHET, PIERRE-LOUIS	4.2 NAME	
STREET ADDRESS	5, AVENUE DE COQ	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE 75009	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	SIMONY, MAURICE	5.2 NAME	
STREET ADDRESS	5, AVENUE DE COQ	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARIS FRANCE 75009	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	ENGEL, A.P.	6.2 NAME	
STREET ADDRESS	1515 BROAD STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD NJ	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **Signature and typed or printed name of signing officer or director** Date: **1/21/99** Daytime Phone #: **212-986-9866**