2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am DOCUMENT # M9700000546 **Secretary of State** 1. Entity Name 03-13-2002 90016 024 ****50.00 ALABAMA & GULF COAST RAILWAY LLC Principal Place of Business Mailing Address 224 N. MT. PLEASANT AVE. 7557 RAMBLER RD. B0042089 MONROEVILLE AL 36461 SUITE 281 DALLAS TX 75231 2. Principal Place of Business 3. Mailing Address 5300 BROKEN SOUND BLVD. MA 5300 BROKEN SOUND BLUD. NW DO NOT WRITE IN THIS SPACE FLOOR Applied For 4. FEI Number 75-2714522 FL Not Applicable Country \$5.00 Additional USA. 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE X Delete TITI F Director Change X Addition CR2E083 (9/01 Gary O. Marino NAME KLEIFGEN, J. PETER NAME 5300 Broken Sound Blvd., NW Boca Raton, FL 33487 STREET ADDRESS 7557 RAMBLER ROAD, SUITE 280 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75231 MGR TITLE X Delete TITLE [] Change Addition Director JACULLO, PETER J NAME NAME Donald D. Redfearn STREET ADDRESS STREET ADDRESS 21 BERMUDA ROAD 5300 Broken Sound Blvd., NW CITY-ST-ZIP CITY-ST-ZIP WESTPORT CT 06880 Boca Raton, FL 33487 X Delete CFO & Sr. VP Change X Addition TITHE TITLE WIDENER, DAVID L Bennett Marks NAME NAME STREET ADDRESS 2535 TECH DRIVE, SUITE 111 STREET ADDRESS 5300 Broken Sound Blvd., NW CITY-ST-ZIP CITY-ST-ZIP **BETTENDORF IA 52722** Boca Raton, FL 33487 MGR TITLE X Delete □ Change Addition TITI F Treasurer NAME JENSEN, ANNIE NAME Michael Howe STREET ADDRESS 2535 TECH DRIVE, SUITE 111 STREET ADDRESS 5300 Broken Sound Blvd., NW CITY-ST-ZIP **BETTENDORF IA 52722** CITY-ST-7IP Boca Raton, FL 33487 TITI F X Delete TITLE ☐ Change Addition V.P. Tax NICOLETTI, WILLIAM NAME NAME Marc Jacobowitz STREET ADDRESS VAN BEUREN ROAD STREET ADDRESS 5300 Broken Sound Blvd., NW CITY-ST-ZIP CITY-ST-ZIP MORRISTOWN NJ Boca Raton, FL 33487 [] Change ☐ Delete TITLE V.P. & Ass't. Secretary **X** Addition NAME NAME Larry Bush

11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CiTY-ST-ZIP

5300 Broken Sound Blvd., NW

Boca Raton, FL 33487

FILED