

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 018348 (3)

1. Corporation Name
VALDOSTA SOUTHERN RAILROAD COMPANY

Principal Place of Business: **1603 ORRINGTON AVE EVANSTON IL 60201-3853**
Mailing Address: **1603 ORRINGTON AVE EVANSTON IL 60201-3853**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 State, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 State, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified: **08/30/1951**
3a. Date of Last Report: **07/07/1994**
4. FEI Number: **34-6407910**
5. Certificate of Status Discard:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 am hereby accepting the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Print Name, Title, and Address of the Registered Agent) _____ (Print Name, Title, and Address of the Corporation Secretary)

12. OFFICERS AND DIRECTORS

11.1 NAME: **DP STECKO, PAUL T**
11.2 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.3 CITY, ST, ZIP: _____

11.4 NAME: **DSV HARLOW, R. D.**
11.5 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.6 CITY, ST, ZIP: _____

11.7 NAME: **V SWEENEY, WILLIAM J.**
11.8 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.9 CITY, ST, ZIP: _____

11.10 NAME: **S STUART, KARL A.**
11.11 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.12 CITY, ST, ZIP: _____

11.13 NAME: **T YOUNG, E. A.**
11.14 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.15 CITY, ST, ZIP: _____

11.16 NAME: **VAS TARONJI, J. J.**
11.17 STREET ADDRESS: **1603 ORRINGTON AVE. EVANSTON IL**
11.18 CITY, ST, ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: Change Addition
13.2 NAME: _____
13.3 STREET ADDRESS: _____
13.4 CITY, ST, ZIP: _____
13.5 TITLE: Change Addition
13.6 NAME: _____
13.7 STREET ADDRESS: _____
13.8 CITY, ST, ZIP: _____
13.9 TITLE: Change Addition
13.10 NAME: _____
13.11 STREET ADDRESS: _____
13.12 CITY, ST, ZIP: _____
13.13 TITLE: Change Addition
13.14 NAME: **VTC SUZANNE M. LEFEURE**
13.15 STREET ADDRESS: _____
13.16 CITY, ST, ZIP: **600001776166**
13.17 TITLE: **-04/11/96--01022--021**
13.18 NAME: *****200.00**
13.19 STREET ADDRESS: _____
13.20 CITY, ST, ZIP: _____

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(9)(g), 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: *Suzanne M. Lefeuere* **Suzanne M. Lefeuere**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

847-492-4439

CR2E034 (3/96)