

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000546

Entity Name: ALABAMA & GULF COAST RAILWAY LLC**Current Principal Place of Business:**734 HIXON ROAD
MONROEVILLE, AL 36460**Current Mailing Address:**200 MERIDIAN CENTRE
SUITE 300
ROCHESTER, NY 14618 US**FEI Number:** 75-2714522**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, DIRECTOR
Name WALSH, MATTHEW
Address 20 WEST AVE
City-State-Zip: DARIEN CT 06820

Title MGR, TREASURER
Name SAVAGE, THOMAS
Address 20 WEST AVE
City-State-Zip: DARIEN CT 06820

Title MGR, DIRECTOR
Name RICOTTA, ALFRED
Address 20 WEST AVE
City-State-Zip: DARIEN CT 06820

Title PRESIDENT
Name IRVIN, JAMES
Address 13901 SUTTON PARK DRIVE SOUTH
SUITE 150
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name O'DONNELL, RICHARD
Address 200 MERIDIAN CENTRE
SUITE 300
City-State-Zip: ROCHESTER NY 14618

Title SECRETARY
Name FERGUS, ALLISON
Address 20 WEST AVE
City-State-Zip: DARIEN CT 06820

Title ASST. TREASURER
Name ROBERTS (GRAY), LAUREN
Address 13901 SUTTON PARK DR S
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

Title MANAGER, ACCOUNTING
Name LOOMIS, RACHEL
Address 13901 SUTTON PARK DR S
SUITE 175C
City-State-Zip: JACKSONVILLE FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RACHEL LOOMIS**ACCOUNTING MANAGER** 01/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date