

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000004661

**Entity Name:** YORK RAILWAY COMPANY**Current Principal Place of Business:**13901 SUTTON PARK DR S  
SUITE 125A  
JACKSONVILLE, FL 32224**Current Mailing Address:**200 MERIDIAN CENTRE, SUITE 300  
ROCHESTER, NY 14618 US**FEI Number:** 23-3020808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

**Officer/Director Detail :**

Title	DVP
Name	GREENE, SARAH A
Address	200 MERIDIAN CENTRE STE 300
City-State-Zip:	ROCHESTER NY 14618

Title	DVPT
Name	LIJERON, HOFFMAN R
Address	20 W AVE
City-State-Zip:	DARIEN CT 06820

Title	DS
Name	RICOTTA, ALFRED Q
Address	20 W AVE
City-State-Zip:	DARIEN CT 06820

Title	P
Name	CHUNKO, ANDREW T
Address	13901 SUTTON PARK DR S
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	CHARRON, KENNETH G
Address	13901 SUTTON PARK DR S
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	LONG, TONY
Address	13901 SUTTON PARK DR S
City-State-Zip:	JACKSONVILLE FL 32224

Title	VP
Name	WEISS, JAMIE B
Address	200 MERIDIAN CENTRE, SUITE 300
City-State-Zip:	ROCHESTER NY 14618

Title	AVP
Name	WEST, JERRY
Address	13901 SUTTON PARK DR S SUITE 125A
City-State-Zip:	JACKSONVILLE FL 32224

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*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 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL HOLBEN

ASSISTANT TREASURER 02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AVP  
Name HUNTER, CHARLES D  
Address 2 FEDERAL ST  
SUITE 201  
City-State-Zip: ST. ALBANS VT 05475

Title AS  
Name TARR, KIMBERLY  
Address 20 W AVE  
City-State-Zip: DARIEN CT 06820

Title AT  
Name HOLBEN, MICHAEL  
Address 13901 SUTTON PARK DR S  
SUITE 125A  
City-State-Zip: JACKSONVILLE FL 32224

Title AS  
Name PUSHCHAK, CATHERINE  
Address 20 W AVE  
City-State-Zip: DARIEN CT 06820