

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 (21-24) and 2a. Mailing Address (25-30) fields.

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 (81-85) fields.

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, Title or position of the person signing and the title of the officer, director, agent or other person authorized to sign) (Print Name, Title or position of the person signing and the title of the officer, director, agent or other person authorized to sign)

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	STECKO, PAUL T
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL
TITLE	DSV
NAME	HARLOW, R. D.
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL
TITLE	V
NAME	SWEENEY, WILLIAM J.
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL
TITLE	S
NAME	STUART, KARL A.
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL
TITLE	T
NAME	YOUNG, E. A.
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL
TITLE	VAS
NAME	TARONJI, J. J.
STREET ADDRESS	1603 ORRINGTON AVE.
CITY-STATE-ZIP	EVANSTON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VTC SUZANNE M. LEFEURE
53 STREET ADDRESS	
54 CITY-STATE-ZIP	600001776166
61 TITLE	-04/11/96--01022--021
62 NAME	***200.00
63 STREET ADDRESS	
64 CITY-STATE-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. Lefeuve* Suzanne M. Lefeuve 847-492-4439

CR2E034 (3/96)