

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

000667

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90078 011 ***150.00

DOCUMENT # 316331

1. Corporation Name

RAILWAY CLERKS TITLE HOLDING COMPANY

Principal Place of Business

3 RESEARCH PLACE
ROCKVILLE MD 20850

Mailing Address

3 RESEARCH PLACE
ROCKVILLE MD 20850

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1967

4. FEI Number

59-6181380

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

STACK, CHARLES R
3929 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCARDELIETTI, ROBERT Z	
STREET ADDRESS	3 RESEARCH PLACE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FERLIN, FRANK JR.	
STREET ADDRESS	3 RESEARCH PLACE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KRAUS, MITCHELL M	
STREET ADDRESS	3 RESEARCH PLACE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOSHER, LESLIE E	
STREET ADDRESS	3 RESEARCH PLACE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	STACK, CHARLES R	
STREET ADDRESS	3 RESEARCH PLACE	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVEAU, D J	
STREET ADDRESS	630 - 8TH AVE., S.W., STE. 401	
CITY-ST-ZIP	CALGARY, AB, CANADA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCARDELIETTI, ROBERT A
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mitchell M Kraus

1/26/99

Date

301-948-4910

Daytime Phone #

CR2E034 (11/98)