

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

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

02-25-1999 90078 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 05/01/1967	
4. FEI Number 59-6181380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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	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 _____ (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	SCARDELLETTI, 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: Mitchell M Kraus 1/26/99 301-948-4910
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Mitchell M Kraus

CR2E034 (11/98)