

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000004721

FILED
Apr 13, 2009
Secretary of State

Entity Name: BROTHERS RAILYARD CORPORATION

Current Principal Place of Business:

2 ALHAMBRA PLAZA,
SUITE 1280
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2 ALHAMBRA PLAZA,
SUITE 1280
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 74-2701280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: FULLER, VICTOR L P/D
Address: 2 ALHAMBRA PLAZA, SUITE 1280
City-St-Zip: CORAL GABLES, FL 33134

Title: V/D () Delete
Name: FULLER, STEPHEN M V/D
Address: 2 ALHAMBRA PLAZA, SUITE 1280
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: LUBAN, KENNETH A S
Address: 31 OCEAN REEF DRIVE, SUITE C-300
City-St-Zip: KEY LARGO, FL 33037

Title: T () Delete
Name: WITZGALL, DAVID J T
Address: 580 WALNUT STREET
City-St-Zip: CINCINNATI, OH 45202

Title: V () Delete
Name: MISCHELL, THOMAS E V
Address: ONE EAST FOURTH STREET, 8TH FL
City-St-Zip: CINCINNATI, OH 45202

Title: D () Delete
Name: VONDERHAAR, DANIEL J D
Address: ONE EAST FOURTH STREET
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LUBAN, KENNETH A S
Address: 35 OCEAN REEF DRIVE, SUITE 200
City-St-Zip: KEY LARGO, FL 33037

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS E MISCHELL

V

04/13/2009

Electronic Signature of Signing Officer or Director

Date