2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# F02000001924

Entity Name: RAILAMERICA TRANSPORTATION CORP.

Current Principal Place of Business:

5300 BROKEN SOUND BLVD., N.W., 2ND FLOOR
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5300 BROKEN SOUND BLVD., N.W., 2ND FLOOR
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0979478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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:	V	( ) Delete
Name:	WILLIAMS, SCOTT	
Address:	5300 BROKEN SOUND BLVD., N.W., 2ND FLOOR	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	D	( ) Delete
Name:	REDFEARN, DONALD D	
Address:	5300 BROKEN SOUND BLVD., N.W., 2ND FLOOR	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	V	( ) Delete
Name:	JACOBWITZ, MARC	
Address:	5300 BROKEN SOUNDS BLVD., NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	S	( ) Delete
Name:	LAAKSO, GARY	
Address:	5300 BROKEN SOUND BLVD., NW	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	P	( ) Delete
Name:	HOWE, MICHAEL	
Address:	5300 BROKEN SOUND BLVD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	V/T	( ) Delete
Name:	BUSH, LARRY	
Address:	5300 BROKEN SOUDNS BLVD., NW	
City-St-Zip:	BOCA RATON, FL 33487	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P/D	(X) Change ( ) Addition
Name:	HOWE, MICHAEL	
Address:	5300 BROKEN SOUND BLVD.	
City-St-Zip:	BOCA RATON, FL 33487	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC JACOBOWITZ V 04/14/2005

Electronic Signature of Signing Officer or Director — Date