

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002097 (4)

1. Corporation Name

KEYSTONE RAILWAY EQUIPMENT COMPANY



Principal Place of Business: **3420 SIMPSON FERRY ROAD, P.O. BOX 456, CAMP HILL PA 17001**
Mailing Address: **55 SHUMAN BLVD., P.O. BOX 3089, NAPERVILLE IL 60566-7089**

3. Date Incorporated or Qualified: **05/05/1993** 3a. Date of Last Report: **05/30/1995**
4. FEI Number: **36-2933976** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 filing change)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, GEORGE	1.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITCOMB, STEVEN M	2.2 NAME	
STREET ADDRESS	3420 SIMPSON FERRY ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL PA 17011	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MARK P	3.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODNER, JOHN R	4.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINGLER, DOUGLAS J	5.2 NAME	
STREET ADDRESS	3420 SIMPSON FERRY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMP HILL PA 17001-0456	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, WILLIAM P	6.2 NAME	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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	<input 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 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(3)(k), 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:

Steven M. Whitcomb

STEVEN M. WHITCOMB

May 12, 1996

708-420-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DATE)

Telephone Number

CR2E034 (12/95)