

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/05/1993	
21	22	26	27	4. FEI Number 36-2933976	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	25	28	29	30
Zip		Country		Zip	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 FL	

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		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	O'DONNELL, WILLIAM P	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		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Assistant Treasurer
STREET ADDRESS		5.3 STREET ADDRESS	Bryan P. Coughlin
CITY-ST-ZIP		5.4 CITY-ST-ZIP	55 Shuman Boulevard
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Naperville, IL 60563
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* Bryan P. Coughlin 4/30/98 630 420 0400

CR2E034 (10/97)