


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

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90101 034 ***150.00

05-98600

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002097

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
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 05/05/1993	Applied For Not Applicable
4. FEI Number 36-2933976	
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 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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, GEORGE	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITCOMB, STEVEN M	
STREET ADDRESS	3420 SIMPSON FERRY ROAD	
CITY-ST-ZIP	CAMP HILL PA 17011	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MARK P	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'DONNELL, WILLIAM P	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	COUGLIN, BRYAN P.	
STREET ADDRESS	55 SHUMAN BLVD	
CITY-ST-ZIP	NAPERVILLE IL 60563	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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: *Bryan P. Couglin* SIGNATURE REQUIRED *Bryan P. Couglin* 4/28/99 630-420-0400
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)