

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002097

1. Entity Name

KEYSTONE RAILWAY EQUIPMENT COMPANY

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90165 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

3420 SIMPSON FERRY ROAD
P.O. BOX 456
CAMP HILL PA 17001

55 SHUMAN BLVD.
P.O. BOX 3089
NAPERVILLE IL 60566-7089

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2933976

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HOFFMAN, GEORGE
STREET ADDRESS 4720 OLD GETTYSBURG ROAD
CITY-ST-ZIP MECHANICSBURG PA 17055-8419

TITLE ST ☐ Delete
NAME WHITCOMB, STEVEN M
STREET ADDRESS 3420 SIMPSON FERRY ROAD
CITY-ST-ZIP CAMP HILL PA 17011

TITLE V ☐ Delete
NAME O'DONNELL, WILLIAM P
STREET ADDRESS 4720 OLD GETTYSBURG ROAD
CITY-ST-ZIP MECHANICSBURG PA 17055-8419

TITLE AT ☒ Delete
NAME COUGLIN, BRYAN P.
STREET ADDRESS 55 SHUMAN BLVD
CITY-ST-ZIP NAPERVILLE IL 60563

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE - - ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Assistant Treasurer ☒ Change ☐ Addition
NAME Franson, Marilyn D.
STREET ADDRESS 205 N. Michigan Ave-44th Flr.
CITY-ST-ZIP Chicago, IL 60601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marilyn D Franson Marilyn D. Franson 4/12/00 (312) 819-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)