

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-21-2000 90165 044 ***150.00

DOCUMENT # F93000002097

1. Entity Name

KEYSTONE RAILWAY EQUIPMENT COMPANY

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**



DO NOT WRITE IN THIS SPACE

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	<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 type="checkbox"/> Delete
NAME	O'DONNELL, WILLIAM P	
STREET ADDRESS	4720 OLD GETTYSBURG ROAD	
CITY-ST-ZIP	MECHANICSBURG PA 17055-8419	
TITLE	AT	<input checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Franson, Marilyn D.	
STREET ADDRESS	205 N. Michigan Ave-44th Flr.	
CITY-ST-ZIP	CHICAGO, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)