**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 # **F94000001213 (7)**

1. Corporation Name

**RAILWAY SYSTEMS DESIGN, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 464 S. OLD MIDDLETOWN RD.<br>MEDIA PA 19063 | 464 S. OLD MIDDLETOWN RD.<br>MEDIA PA 19063 |

3. Date Incorporated or Qualified: 03/10/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21): 
2a. Mailing Address (26): P.O. Box 67100
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): Harrisburg, PA
Zip (24): Country (25): 
Zip (29): 17106 Country (30): 

4. FEI Number: 51-0233395 ☐ 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

9. Name and Address of Current Registered Agent

LEVERENZ, DAVID G
4902 EISENHOWER BLVD.
SUITE 295
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name: MYUNG-HAK SUNG
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] 4/
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | CP | ☒ Change ☐ Addition |
| NAME | DRNEVICH, RONALD J | | 1.2 NAME | | |
| STREET ADDRESS | 207 SENATE AVE. | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAMP HILL PA 17011 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☒ DELETE | 2.1 TITLE | SVP | ☐ Change ☒ Addition |
| NAME | CLYMER, BRIAN W | | 2.2 NAME | Elwood T. Eveland | |
| STREET ADDRESS | 464 S. OLD MIDDLETOWN RD. | | 2.3 STREET ADDRESS | 3541 Hopkins Drive | |
| CITY-ST-ZIP | MEDIA PA 19063 | | 2.4 CITY-ST-ZIP | Wilmington, DE 19808 | |
| TITLE | VD | ☒ DELETE | 3.1 TITLE | VP | ☐ Change ☒ Addition |
| NAME | KHENY, ASHOK K | | 3.2 NAME | Michael D. Iasogna | |
| STREET ADDRESS | 464 S. OLD MIDDLETOWN RD. | | 3.3 STREET ADDRESS | 790 Oakford Road | |
| CITY-ST-ZIP | MEDIA PA 19063 | | 3.4 CITY-ST-ZIP | Wayne, PA 19087 | |
| TITLE | STD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOFSASS, RAYMOND L | | 4.2 NAME | | |
| STREET ADDRESS | 650 PARK AVE. | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | KING OF PRUSSIA PA 19406 | | 4.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DIETZ, ROBERT J | | 5.2 NAME | | |
| STREET ADDRESS | 207 SENATE AVE. | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CAMP HILL PA 17011 | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | AS | ☐ Change ☒ Addition |
| NAME | | | 6.2 NAME | Sylvia E. Weinstein | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | 160 Cherry Lane | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | Abbottstown PA 17301 | |

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)(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] 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)