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FILED
Feb 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
484 S. OLD MIDDLETOWN RD.
MEDIA PA 19063

Mailing Address
P.O. BOX 67100
HARRISBURG PA 17106-7100
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
03/10/1994

3a. Date of Last Report
05/01/1996

4. FET 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

MYUNG-HAK SUNG
4902 EISENHOWER BLVD.
SUITE 295
TAMPA FL 33634

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

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

(NOTE: Registered Agent's signature required when instituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME DRNEVICH, RONALD J
STREET ADDRESS 207 SENATE AVE.
CITY-ST-ZIP CAMP HILL PA

TITLE SVP
NAME ELWOOD T. EVELARD
STREET ADDRESS 3541 HOPKINS DRIVE
CITY-ST-ZIP WILMINGTON DE

TITLE STD
NAME HOFSSASS, RAYMOND L
STREET ADDRESS 650 PARK AVE.
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE VD
NAME DIETZ, ROBERT J
STREET ADDRESS 207 SENATE AVE.
CITY-ST-ZIP CAMP HILL PA 17011

TITLE AS
NAME SYLVIA E. WEINSTEIN
STREET ADDRESS 180 CHERRY LANE
CITY-ST-ZIP ABBOTTS TOWN PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPA ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Elwood T. Eveland
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Wilmington DE 19808

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME SVD
3.3 STREET ADDRESS 1277 Ash Lane
3.4 CITY-ST-ZIP Lebanon PA 17042

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 900002080273
4.4 CITY-ST-ZIP -02/06/97--01058--015
***165.00

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS 900002080273
5.4 CITY-ST-ZIP -02/06/97--01058--016
***8.75

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VT
6.3 STREET ADDRESS Chester L. Allen
6.4 CITY-ST-ZIP 503 East Elmwood Avenue, Apt. 4
Mechanicsburg, PA 17055

14. I do 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 registered 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 the statement with an address.

SIGNATURE:

ROBERT J. DIETZ
1/24/97 7/17/7403-7221

CR2E034 (9/96)