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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001213

1. Corporation Name

RAILWAY SYSTEMS DESIGN, INC.

Principal Place of Business

464 S. OLD MIDDLETOWN RD.
MEDIA PA 19063

Mailing Address

P.O. BOX 67100
HARRISBURG PA 17106
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1994

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **1010 ADAMS AVENUE**

2a. Mailing Address

26

Suite, Apt. #, etc.

22 **VALLEY FORGE CORPORATE CENTER**

Suite, Apt. #, etc.

27

City & State

23 **ANDERSON, PA**

City & State

28

Zip

24 **19403-2402**

Country

25 **USA**

Zip

29

Country

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input type="checkbox"/> DELETE	1.1 TITLE	CPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, CHESTER L	1.2 NAME	DANEVICH, RONALD S.
STREET ADDRESS	319 CANDELIGHT DR	1.3 STREET ADDRESS	989 NORTH FAIRVILLE AVENUE
CITY-ST-ZIP	MECHANICSBURG PA 17055	1.4 CITY-ST-ZIP	HARRISBURG, PA 17112
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFSASS, RAYMOND L	2.2 NAME	JONES, CRAIG D.
STREET ADDRESS	1277 ASH LANE	2.3 STREET ADDRESS	570 W DEKALB PIKE, APT 202
CITY-ST-ZIP	LEBANON PA 17042	2.4 CITY-ST-ZIP	KING OF PRUSSIA, PA 19406
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIETZ, ROBERT J	3.2 NAME	REEVES, GEORGE R.
STREET ADDRESS	207 SENATE AVE.	3.3 STREET ADDRESS	3 CROSS CREEK LANE
CITY-ST-ZIP	CAMP HILL PA 17011	3.4 CITY-ST-ZIP	CHADDS FORD, PA 19317
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA E. WEINSTEIN	4.2 NAME	
STREET ADDRESS	160 CHERRY LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ABBOTTS TOWN PA	4.4 CITY-ST-ZIP	
TITLE	VT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, CHESTER L	5.2 NAME	
STREET ADDRESS	503 EAST ELMWOOD AVENUE, APT. 4	5.3 STREET ADDRESS	
CITY-ST-ZIP	MECHANICSBURG PA 17055	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Ronald S. Danevich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

(717) 763-7211

Daytime Phone #

CR2E034 (11/98)