

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001213

1. Entity Name

RAILWAY SYSTEMS DESIGN, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90562 035 ***150.00

Principal Place of Business

Mailing Address

1010 ADAMS AVE
VALLEY FORGE CORPORATE CENTER
AUDUBON PA 19403-2402
US

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0233395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 **VTD** ☐ Delete
NAME **ALLEN, CHESTER L**
STREET ADDRESS **319 CANDELIGHT DR**
CITY-ST-ZIP **MECHANICSBURG PA 17055**

TITLE **P/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVD** ☐ Delete
NAME **HOFSSASS, RAYMOND L**
STREET ADDRESS **1277 ASH LANE**
CITY-ST-ZIP **LEBANON PA 17042**

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

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

TITLE **V/T/D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **SYLVIA E. WEINSTEIN**
STREET ADDRESS **160 CHERRY LANE**
CITY-ST-ZIP **ABBOTTS TOWN PA**

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

TITLE **CPD** ☐ Delete
NAME **DANEVICH, RONALD J**
STREET ADDRESS **989 N FAIRVILLE AVE**
CITY-ST-ZIP **HARRISBURG PA 17112**

TITLE **C/D** ☒ Change ☐ Addition
NAME **DRNEVICH, RONALD J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **JONAS, CRAIG D**
STREET ADDRESS **570 W DEKALB PIKE APT 302**
CITY-ST-ZIP **KING OF PRUSSIA PA 19406**

TITLE ☒ Change ☐ Addition
NAME **JONES, CRAIG D.**
STREET ADDRESS
CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

(717) 763-7211

Daytime Phone #