

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000001213

1. Entity Name

RAILWAY SYSTEMS DESIGN, INC.

**FILED**  
May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90083 008 \*\*\*150.00

Principal Place of Business

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

Mailing Address

P.O. BOX 67100  
HARRISBURG PA 17106  
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

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 MYUNG-HAK SUNG

Street Address (P.O. Box Number is Not Acceptable)  
SUITE 150, WEST LAKE CORP. CTR.

9119 CORPORATE LAKE DRIVE

City TAMPA

FL

Zip Code 33634-6323

8. The above named entity submits this statement of 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

4-20-2001

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, 2001 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  
NAME ALLEN, CHESTER L  
STREET ADDRESS 319 CANDELIGHT DR  
CITY-ST-ZIP MECHANICSBURG PA 17055 ☐ Delete

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

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

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

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

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

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

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

TITLE DC  
NAME DANEVICH, RONADL J  
STREET ADDRESS 989 N FAIRVILLE AVE  
CITY-ST-ZIP HARRISBURG PA 17112 ☒ Delete

TITLE V  
NAME REEVES, GEORGE R.  
STREET ADDRESS 3 CROSS CREEK LANE  
CITY-ST-ZIP CHADDS FORD, PA 19317 ☐ Change ☒ Addition

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

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

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:

Chester L. Allen

CHESTER L. ALLEN

04-24-2001

717-763-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)