

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005099 (6)

1. Corporation Name

RAILAMERICA FINANCIAL SERVICES, INC.



Principal Place of Business

Mailing Address

301 YAMATO RD.
SUITE 2222
BOCA RATON FL 33431
US

301 YAMATO RD.
SUITE 2222
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified
09/30/1994

3a. Date of Last Report
06/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 1190

26 Suite, Apt. #, etc.
27 Suite 1190

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number
65-0523909

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 of principal or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOT
MARINO, GARY O
301 YAMATO RD.
BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ASTD
MARINO, JOHN H
1600 DIAGONAL RD.
ALEXANDRIA VA 22314

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SVD
REDFEARN, DONALD D
2240 WOOLBRIGHT RD.
BOYNTON BEACH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VAS
BUSH, LARRY
301 YAMATO RD.
BOCA RATON FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
C, P, COO, D

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
V

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
301 Yamato Road
Boca Raton, FL 33431

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Donald D. Redfearn

6/18/96

561/994-6015

CR2E034 (3/96)