FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90055 012 ***150.00

DOCUMENT # F95000000260

1. Entity Name

RAIL BEARING SERVICE CORPORATION

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1100 CHERRY AVE SE	1100 CHERRY AVE SE
Suite, Apt. #, etc.: PO BOX 6929	Suite, Apt. #, etc.: PO BOX 6929
City & State: CANTON, OH	City & State: CANTON, OH
Zip: 44706 Country: U.S.A.	Zip: 44706 Country: U.S.A.

4. FEI Number: 54-1741259 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 120 HAYS STREET

City: TALLAHASSEE **FL** Zip Code: 32301

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT
NAME	VINOD DASARI
STREET ADDRESS	1100 CHERRY AVE SE
CITY-ST-ZIP	CANTON, OH 44706
TITLE	VP/SECRETARY/TREASURER
NAME	DOUGLAS NELSON
STREET ADDRESS	1100 CHERRY AVE SE
CITY-ST-ZIP	CANTON, OH 44706
TITLE	VP OPERATIONS
NAME	A. BRUCE BATES
STREET ADDRESS	1100 CHERRY AVE SE
CITY-ST-ZIP	CANTON, OH 44706
TITLE	VP/NATIONAL SALES MANAGER
NAME	RUDOLPH KARICH
STREET ADDRESS	1100 CHERRY AVE SE
CITY-ST-ZIP	CANTON, OH 44706
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas C Nelson Treasurer 4/10/02 330-471-6526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #