

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000260

FILED
Apr 26, 2004
Secretary of State

Entity Name: RAIL BEARING SERVICE CORPORATION

Current Principal Place of Business:

2122 HOLSTEN BEND DR
MASCOT, TN 37806

New Principal Place of Business:

Current Mailing Address:

2122 HOLSTEN BEND DR
MASCOT, TN 37806

New Mailing Address:

FEI Number: 54-1741259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: MIHAILA, JOHN T
Address: 1835 DUEBER AVE SW
City-St-Zip: CANTON, OH 44706

Title: P () Delete
Name: DUPASKI, THOMAS
Address: 1835 DUEBER AVE SW
City-St-Zip: CANTON, OH 44706

Title: V () Delete
Name: BATES, BRUCE
Address: 2122 HOLSTEN BEND DR
City-St-Zip: MASCOT, TN 37806

Title: V () Delete
Name: KARICH, RUDOLPH C
Address: 2122 HOLSTEN BEND DR
City-St-Zip: MASCOT, TN 37806

Title: D () Delete
Name: BURKHART, WILLIAM
Address: 1835 DUEBER AVE SW
City-St-Zip: CANTON, OH 44706

Title: D () Delete
Name: ARNOLD, MICHAEL C
Address: 1835 DUEBER AVE SW
City-St-Zip: CANTON, OH 44706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: AS (X) Change () Addition
Name: SCHERFF, SCOTT A
Address: 1835 DUEBER AVE SW
City-St-Zip: CANTON, OH 44706

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. SCHERFF

AS

04/26/2004

Electronic Signature of Signing Officer or Director

Date