

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90055 029 ***150.00

DOCUMENT # <i>F9500000260</i>	
1. Entity Name RAIL BEARING SERVICE CORPORATION	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business RAIL BEARING SERVICE CORPORATION Suite, Apt. #, etc. 2122 HOLSTEN BEND DRIVE City & State MASCOT TN Zip 37806		3. Mailing Address RAIL BEARING SERVICE CORPORATION Suite, Apt. #, etc. P.O. BOX 6929 City & State CANTON OH Zip 44706-0928	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-1741259	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DEPARTMENT OF REVENUE

Name and Address of Current Registered Agent

Name CSC
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **John T. MIHAILA** **4/30/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BATES, A BRUCE 2122 HOLSTEN BEND DRIVE MASCOT TN 37806	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KARICH, RUDOLPH C 2122 HOLSTEN BEND DRIVE MASCOT TN 37806	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T MIHAILA, JOHN T 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUPASKI, THOMAS 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURKHART, WILLIAM 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARNOLD, MICHAEL C 1835 DUEBER AVE., S.W. CANTON OH 44706	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: **John T. MIHAILA** **4/30/2003** **330-471-3601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #