2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F9800000361** May 09, 2000 8:00 am Secretary of State RAIL OPERATING SUPPORT GROUP, INC. 05-09-2000 90038 023 ***150.00 Mailing Address Principal Place of Business 301 YAMATO RD., #1190 301 YAMATO RD., #1190 BOCA RATON FL 33431-4919 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address 5300 BROMEN SOUND BLUD. NW 5300 BROMEN SOUND BLUP. NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0797247 BOCA RATON Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 33487 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PTDC TITI F ☐ Delete MARINO, GARY O NAME NAME 5300 BROMEN SOUND BLUD. NW STREET ADDRESS STREET ADDRESS 301 YAMATO RD., #1190 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** Change ☐ Addition ☐ Delete TITLE REDFEARN, DONALD D NAME BROHEN SOUND BLVD. NW STREET ADDRESS STREET ADDRESS 301 YAMATO RD., #1190 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition Delete TITLE BUSH, LARRY W NAME NAME 5300 BROMEN Souro BLUD. NW STREET ADDRESS STREET ADDRESS 301 YAMATO ROAD, #1190 CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARRY W. BUSH

4/24/00

561-994-6015

Daytime Phone #