

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000000361

FILED
Apr 13, 2011
Secretary of State

Entity Name: RAILAMERICA OPERATIONS SUPPORT GROUP, INC.

Current Principal Place of Business:

7411 FULLERTON STREET
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

7411 FULLERTON STREET
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 65-0797247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: P
Name: NOVAK, DAVID
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: WILLIAMS, SCOTT
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP
Name: ROHAL, DAVID J
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP/T
Name: PUTTERMAN, JOSHUA
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: VP/S
Name: SHEFELBINE, JAMES
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: D
Name: HAROLD, TYNES
Address: 7411 FULLERTON STREET
City-St-Zip: JACKSONVILLE, FL 32256 US

I hereby 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 all other like empowered.

SIGNATURE: SANDRA FRANGER

VP

04/13/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date