

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000000047

1. Entity Name
RAIL VAN, LLC

Principal Place of Business 400 W. WILSON BRIDGE RD., SUITE 200 WORTHINGTON OH 43085	Mailing Address 400 W. WILSON BRIDGE RD., SUITE 200 WORTHINGTON OH 43085
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	mGRM	William R. Lee	400 W. Wilson Bridge Rd. Worthington, OH 43085	
	mGRM	Jeffrey R. Brashares	400 W. Wilson Bridge Road Worthington, OH 43085	
	mGRM	Denis-M. Bruncak	400 W. Wilson Bridge Road Worthington, OH 43085	
	mGR	R. David Thomas	5131 Post Road, Suite 203 Dublin, OH 43017	
	mGRM	Ken D. Thomas	5131 Post Road, Suite 203 Dublin, OH 43017	
	mGR	R. L. Richards	5131 Post Road, Suite 203 Dublin, OH 43017	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
	mGR	Pamela T. Farber	5131 Post Road, Suite 203 Dublin, OH 43017	
	mGR	Wendy T. Morse	5131 Post Road, Suite 203 Dublin, OH 43017	
	mGR	Molly T. Postlewaite	5131 Post Road, Suite 203 Dublin, OH 43017	
	mGR	Lori T. Seitz	5131 Post Road, Suite 203 Dublin, OH 43017	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER _____ Date _____ Daytime Phone # _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:02



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