

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 06 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P32524 (1)**

1. Corporation Name  
**RAIL EUROPE, INC.**



Principal Place of Business <b>230 WESTCHESTER AVENUE                  WHITE PLAINS NY 10604</b>	Mailing Address <b>230 WESTCHESTER AVENUE                  WHITE PLAINS NY 10604-2917</b>
---	--

3. Date Incorporated or Qualified <b>01/18/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
--	--

2. Principal Place of Business <b>21 500 MAMARONECK AVE.</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26 500 MAMARONECK AVE.</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 HARRISON NY</b> Zip Country <b>24 10528 25 USA</b>	City & State <b>28 HARRISON NY</b> Zip Country <b>29 10528 30 USA</b>

4. FEI Number <b>13-3598353</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRELAT, BERNARD	1.2 NAME
STREET ADDRESS	230 WESTCHESTER AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	1.4 CITY-ST-ZIP
TITLE	VS <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNCIC, PATRICE	2.2 NAME
STREET ADDRESS	230 WESTCHESTER AVE.	2.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	2.4 CITY-ST-ZIP
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORETTI, JULIE ANNE	3.2 NAME
STREET ADDRESS	230 WESTCHESTER AVENUE	3.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-PIERRE GOETZINGER	4.2 NAME
STREET ADDRESS	230 WESTCHESTER AVE.	4.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOEBELI, CHRIS	5.2 NAME
STREET ADDRESS	230 WESTCHESTER AVENUE	5.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAUD WARNERY	6.2 NAME
STREET ADDRESS	230 WESTCHESTER AVENUE	6.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY	6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ 4/28/97

CR2E034 (9/96)