2000 UNIFORM BUSINESS REPORT (UBR) FILED DO@UMENT # P32524 Jul 21, 2000 8:00 am 1. Entity Name Secrétary of State - RAIL EUROPE, INC. 07-21-2000 90159 027 ***550 00 Principal Place of Business Mailing Address 500 MAMARONECK AVE. 500 MAMARONECK AVE. HARRISON NY 10258 HARRISON NY 10528 2, Principal Place of Business 3. Mailing Address 44 SOUTH BROADWAY BROADWAY 44 SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 11 th 11 th PLR City & State City & State 4. FEI Number Applied For 13-3598353 WHITE RAINS AINS Not Applicable Country \$8.75 Additional 10601 5. Certificate of Status Desired 10601 Fee Bequired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105_ _ _ TALLAHASSEE FL 32301 City Zin Code FL 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, typed or printed name of redistered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Delete TITLE ☐ Addition FRELAT, BERNARD 44 SO. BROADWAY - 11th FCR Frelat, Bernard NAME NAME 500 MAMARONECK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARRISON NY 10528 CITY-ST-ZIP WHITE PLAINS, NY 10601 VS ☐ Addition Delete TITLE ☐ Change TITLE SUNCIC, PATRICE 44 SO BROADWAY - 11th FIR SUNCIC. PATRICE NAME NAME **500 MAMARONECK AVE** STREET ADDRESS STREET ADDRESS HARRISON NY 10528 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM REQUIRED
READ TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

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