

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000000185

1. Entity Name
RAILROAD DISTRIBUTION SERVICES, INC.



Principal Place of Business
BARTOW MUNICIPAL AIRPORT
HWY 17 N, BLDG 405-A
BARTOW, FL 33830 US

Mailing Address
53 SOUTHAMPTON ROAD
WESTFIELD, MA 01085 US



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number
06-1358289

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SILVER, MARJORIE P
STREET ADDRESS 1065 PARK., 20A
CITY-ST-ZIP NEW YORK, NY 101281001

TITLE PTSD
NAME LEVINE, JOHN P.
STREET ADDRESS 1157 FLORENCE RD
CITY-ST-ZIP NORTHAMPTON, MA

TITLE D
NAME FILLER, J. NICHOLAS E
STREET ADDRESS 455 MATTHEWS RD
CITY-ST-ZIP CONWAY, MA 01341

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

John P. Levine, President 3/22/05 (413) 568-6426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #