FILE NOW: FILING FEE AFTER MAY 1 IS $55.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 02 1997 8:00am
Secretary of State

DOCUMENT # P96000014915 (8)

1. Corporation Name
ERIE LACKAWANNA RAILROAD CO.

Principal Place of Business
234 CENTRAL AVE
HACKENSACK NJ 07601

Mailing Address
PO BOX 1482
TALLAHASSEE FL 32302-1482

3. Date Incorporated or Qualified: 02/13/1996

3a. Date of Last Report:

2. Principal Place of Business
21 234 CENTRAL AVE.
Suite, Apt. #, etc.
22
City & State
23 HACKENSACK, NJ
Zip
24 07601
Country
25 U.S.A.

2a. Mailing Address
26 P.O. BOX '82
Suite, Apt. #, etc.
27
City & State
28 TALLAHASSEE FL
Zip
29 32302
Country
30 U.S.A.

4. FEI Number: 22-3502612 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BELL, PHILLIP
5088 TALLOW POINT ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

	OFFICERS AND DIRECTORS	DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
TITLE	CHIEF EXECUTIVE OFFICER	☐	☒
NAME	PHILLIP L. BELL		
STREET ADDRESS	5088 TALLOW PT. RD		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE	CHIEF FINANCIAL OFFICER	☐	☒
NAME	Ms. PHYLLIS B. WOODFORD		
STREET ADDRESS	274 HIGH ST.		
CITY-ST-ZIP	HACKENSACK, NJ 07601		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐	☐

CR2E034 (9/96)

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: [signature] PHILLIP L. BELL 4/15/97 (904) 668-0452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #