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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9700064088

1. Corporation Name

RAILAMERICA AUSTRALIA, INC.

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90186 031 ***150.00



Principal Place of Business Mailing Address							T (BOILDA) (16 1011)	10811 08111 08111 08	ní ao n∎ ∎n	11 24211 00	(8) (8)0. (8). (80.	
301 YAMATO RD., STE. 1190(A) 301 YAMATO RD., STE. 1190(A) BOCA RATON FL 33431 BOCA RATON FL 33431							DO NOT WRITE IN THIS SPACE					
			•				e Incorporated of 24/1997	or Qualifed				
2. Principal Pl	ace of Business	2a. Mailing Add	Iress				Number				Applied For	
26						65-	<u>0797248 </u>				Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			#, etc.			5 Cert	ifcate of Status	Desired	l		Additional	
22		27				3 . 33					Required	
City & State	е .	City & State	e			6. Elec	tion Campaign	Financing	1		May Be	
23		28				Trus	st Fund Contrib	ution		Adde	d to Fees	
Zip	Country	·			,	8. This corporation owes the current					ا بيد	
24	25 29 30				Personal Property Tax. Yes 10. Name and Address of New Registered Agent					No		
	9. Name and Address of Curr	ent Registered Agent			,	10, Nar	ne and Addres	s of New Regi	stered Ag	<u>jent</u>		
				81	Name							
CORPORATION SERVICE COMPANY					Street	Address (P.O. E	s (P.O. Box Number is Not Acceptable)					
1201 HAYS STREET				82				,				
TALL	AHASSEE FL 32301-2525			83		<u> </u>						
				84	City	g + 2°4		-	FL	85 Zi	p Code	
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such cha	nge was author	zea by	the corpo	corporation sub oration's board	omits this stater of directors. I h	nent for the purp ereby accept the	oose of ch	nanging i ment as	its registered registered	
SIGNATURE		B 1	MOTE Carrie	4		required when reinstat	ina\		DATE			
	Signature, typed or printed name of registered a	AND DIRECTORS		13.	ni signatura r			ES TO OFFICE		DIREC	TORS IN 12	
12.				.1 TITLE		T 200	111011070117411	JEG TO GITTIGE		☐ Chang		
TITLE	D CARY O	_		2 NAME]		•				
NAME	MARINO, GARY O	0/8\			T 4 DODE 00							
STREET ADDRESS	301 YAMATO RD., STE. 119	J(A)			T ADDRESS	ĺ						
CITY-ST-ZIP	BOCA RATON FL 33431			.4 CITY-S .1 TITLE	T-ZIP	VICE - PR				☐ Chang	e Addition	
TITLE	=		2.3 111LE		LARRY F	ESIPENI J DJEH		'		~ ~~		
NAME	•			.2 NAME		ZAKRY	ATO ROAD	# (190				
STREET ADDRESS	•				TADDRESS			33431	/=		<u></u>	
CITY-ST-ZIP				4 CITY-S	ST-ZIP	BOCA KA	TON, PL	. 337 71		☐ Chang	e Addition	
TITLE		U	DELETE 3	L1 TITLE	,		•		•	Criang		
NAME			3	2 NAME		Į.					Į	
STREET ADDRESS			3	.3 STREE	T ADDRESS							
CITY-ST-ZIP	<u> </u>			.4. CITY-	ST-ZIP							
TITLE			DELETE 4	.1 TITLE						☐ Chang	e 🔲 Addition	

CITY-ST-ZIP 14. 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 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, with all other like empowered.

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

561-994-6015

☐ Change

☐ Change

Addition

Addition