## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

SIGNATURE:

## FILED May 08, 2000 8:00 am DOCUMENT # **P9700064088** 1. Entity Name Secretary of State RAILAMERICA AUSTRALIA, INC. 05-08-2000 90038 050 \*\*\*150.00 Mailing Address Principal Place of Business 301 YAMATO RD., STE. 1190(A) 301 YAMATO RD., STE, 1190(A) BOCA RATON FL 33431-4917 **BOCA RATON FL 33431** 3. Mailing Address 2. Principal Place of Business 5300 BROHEN SOUND BLVD. NW 5300 BRONEN SOME BUD. M DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0797248 FL Not Applicable KATON RATON BOCA Boca Country \$8.75 Additional Country 33487 33487 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TIT! F MARINO, GARY O NAME NAME SOUND BLUD. NW STREET ADDRESS 301 YAMATO RD., STE. 1190(A) STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE BUSH, LARRY W NAME NAME 5300 BROMEN SOUND BLUD. NW STREET ADDRESS 301 YAMATO ROAD, #1190 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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