

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000064088

FILED
Apr 27, 2004
Secretary of State

Entity Name: RAILAMERICA AUSTRALIA, INC.

Current Principal Place of Business:

5300 BROKEN SOUND BLVD N.W.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5300 BROKEN SOUND BLVD N.W.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 65-0797248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MARINO, GARY O
Address: 5300 BROKEN SOUND BLVD NW.
City-St-Zip: BOCA RATON, FL 33487

Title: VT () Delete
Name: BUSH, LARRY W
Address: 5300 BROKEN SOUND BLVD NW.
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: REDFEARN, DONALD D
Address: 5300 BROKEN SOUND BLVD NW
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: JACOBOWITZ, MARC
Address: 5300 BROKEN SOUND BLVD. NW
City-St-Zip: BOCA RATON, FL 33487

Title: P () Delete
Name: HOWE, MICHAEL
Address: 5300 BROKEN SOUND BLVD NW
City-St-Zip: BOCA RATON, FL 33487

Title: VS () Delete
Name: LASKSO, GARY
Address: 5300 BROKEN SOUND BLVD. NW.
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: TURRELL, PETER
Address: 5300 BROKEN SOUND BLVD NW.
City-St-Zip: BOCA RATON, FL 33487

Title: V/T (X) Change () Addition
Name: BUSH, LARRY W
Address: 5300 BROKEN SOUND BLVD NW.
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LASKSO, GARY
Address: 5300 BROKEN SOUND BLVD. NW.
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC JACOBOWITZ

V

04/27/2004

Electronic Signature of Signing Officer or Director

Date