2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

APTIVED OF PRINTER'S

FILED May 10, 2002 8:00 am Secretary of State DOCUMENT # P98000035251 1. Entity Name 05-10-2002 90040 005 ***150.00 RAND-YARD RAILWAY DEVELOPMENT, INC. Principal Place of Business Mailing Address 204 NORTH PARK AVENUE #200 204 NORTH PARK AVENUE #200 SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3531179 Not Applicable Żίρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VIHLEN. SIDNEY L III Street Address (P.O. Box Number is Not Acceptable) 1173 SPRING CENTRE SOUTH BOULEVARD SUITE C **ALTAMONTE SPRINGS FL 32716** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME PEMBERTON, TODD N NAME STREET ADDRESS 204 NORTH PARK AVENUE #200 STREET ADDRESS CITY-ST-7IP SANFORD FL 32771 CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME VIHLEN, SID JR. NAME STREET ADDRESS 204 NORTH PARK AVENUE #200 STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or applemental report is true and accurate and that my signature shall have the same legal effect as if made upder oath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in der oath; that I am an officer or director name appears in Block 11 or Block 12 if

Daytime Phone #