

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008912

**Entity Name:** SOUTH CAROLINA CENTRAL RAILROAD COMPANY, LLC

**FILED**  
**Jan 15, 2021**  
**Secretary of State**  
**9186460731CC**

**Current Principal Place of Business:**

13901 SUTTON PARK DRIVE SOUTH, SUITE 125A  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

200 MERIDIAN CENTRE, SUITE 300  
ROCHESTER, NY 14618 US

**FEI Number: 57-0856173**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title MGR/VP  
Name GREENE, SARAH A  
Address 200 MERIDIAN CENTRE, SUITE 300  
City-State-Zip: ROCHESTER NY 14618

Title MGR/S  
Name RICOTTA, ALFRED Q  
Address 20 WEST AVENUE  
City-State-Zip: DARIEN CT 06820

Title P  
Name CHUNKO, ANDREW T  
Address 13901 SUTTON PARK DRIVE SOUTH,  
SUITE 125A  
City-State-Zip: JACKSONVILLE FL 32224

Title VP  
Name SERVATIUS, ANN  
Address 200 MERIDIAN CENTRE, SUITE 300  
City-State-Zip: ROCHESTER NY 14618

Title ASST VP  
Name VEST, JERRY  
Address 13901 SUTTON PARK DRIVE SOUTH,  
SUITE 125A  
City-State-Zip: JACKSONVILLE FL 32224

Title ASST S  
Name PUSHCHAK, CATHERINE  
Address 20 WEST AVENUE  
City-State-Zip: DARIEN CT 06820

Title PRESIDENT  
Name IRVIN, JAMES  
Address 13901 SUTTON PARK DRIVE SOUTH  
SUITE 125  
City-State-Zip: JACKSONVILLE FL 32224

Title ASST. TREASURER  
Name ROBERTS, LAUREN  
Address 200 MERIDIAN CENTRE, SUITE 300  
City-State-Zip: ROCHESTER NY 14618

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*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DANIELLE BLAUVELT**

**ACCOUNTING MANAGER 01/15/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title OTHER  
Name BLAUVELT, DANIELLE  
Address 13901 SUTTON PARK DR S  
STE 270  
City-State-Zip: JACKSONVILLE FL 32224