

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F26399 (8)

1. Corporation Name
RAIL SWITCHING SERVICES, INC.



Principal Place of Business Mailing Address

~~2605 THOMAS DRIVE~~ ~~2605 THOMAS DRIVE~~
~~P.O. BOX 28300~~ ~~P.O. BOX 28300~~
~~PANAMA CITY BEACH FL 32408~~ ~~PANAMA CITY FL 32408-0227~~
US US

3. Date Incorporated or Qualified 3a. Date of Last Report
03/23/1981 **04/26/1995**

4. FEI Number Applied For
63-0806161 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **1590 Phoenix Blvd.** 26 **1590 Phoenix Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **120** 27 **120**
City & State City & State

23 **Atlanta, GA** 28 **Atlanta, GA**
City & State City & State

24 **30349** 25 **US** 29 **30349** 30 **US**
Zip Country Zip Country

9. Name and Address of Current Registered Agent

DURDEN, MICHAEL E.
2605 THOMAS DRIVE
PANAMA CITY BEACH FL 32411

10. Name and Address of New Registered Agent

81 Name **Prentice-Hall Corp System, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable) **1201 Hays St.**
83
84 City **Tallahassee** FL 85 Zip Code **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE *Patricia Pizzuto* **Patricia Pizzuto Ass/Sec.** **5/21/96**
Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director & Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSKEY, DOW	1.2 NAME	Robert A. Pritzker
STREET ADDRESS	2605 THOMAS DRIVE	1.3 STREET ADDRESS	225 West Washington St.
CITY - ST - ZIP	PANAMA CITY BEACH FL	1.4 CITY - ST - ZIP	Chicago, IL 60606
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURDEN, MICHAEL	2.2 NAME	John J. Vresics
STREET ADDRESS	2605 THOMAS DR	2.3 STREET ADDRESS	1590 Phoenix Blvd., Suite 120
CITY - ST - ZIP	PANAMA CITY BEACH FL	2.4 CITY - ST - ZIP	Atlanta, GA 30349
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUGH, KEVIN	3.2 NAME	R.C. Gluth
STREET ADDRESS	2605 THOMAS DRIVE	3.3 STREET ADDRESS	225 West Washington St.
CITY - ST - ZIP	PANAMA CITY BEACH FL	3.4 CITY - ST - ZIP	Chicago, IL 60606
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, JOHN	4.2 NAME	Robert W. Webb
STREET ADDRESS	277 ORCHARD RD.	4.3 STREET ADDRESS	225 West Washington St.
CITY - ST - ZIP	NEWARK DE	4.4 CITY - ST - ZIP	Chicago, IL 60606
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ORVILLE	5.2 NAME	
STREET ADDRESS	300 WILLOW VALLEY LK DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	WILLOW STREET PA	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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-05/22/96-01119-02
***200.00

5/21/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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.

SIGNATURE: *John J. Vresics* **4/24/96** **770-996-6838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)