

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P29158** (3)

1. Corporation Name

**RAILS TO TRAILS CONSERVANCY CORPORATION**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/01/1990</b>	3a. Date of Last Report <b>03/21/1994</b>
4. FEI Number <b>52-1437006</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
<b>1400 SIXTEENTH STREET, N.W. SUITE 300 WASHINGTON DC 20036</b>		<b>1400 SIXTEENTH STREET, N.W. SUITE 300 WASHINGTON DC 20036</b>	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
7in	Country	7in	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**KEN BRYAN  
THOMPSON, RUTH G  
2545 BLAIRSTONE PINES DR  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE: *Ken Bryan* (Printed Name of Registered Agent or Director) *Ken Bryan* (Signature of Registered Agent or Director) **4/13/95** (Date)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BURWELL, DAVID</b>
STREET ADDRESS	<b>6143 30TH STREET, NW</b>
CITY - ST - ZIP	<b>WASHINGTON DC</b>
TITLE	<b>S</b>
NAME	<b>NORTON, EDWARD</b>
STREET ADDRESS	<b>1400 SIXTEENTH ST. NW STE. 300</b>
CITY - ST - ZIP	<b>WASHINGTON DC</b>
TITLE	<b>D</b>
NAME	<b>THOMPSON, ROBERT M</b>
STREET ADDRESS	<b>204 HAWTHORNE ST.</b>
CITY - ST - ZIP	<b>EDGEWOOD PA 15218</b>
TITLE	<b>C</b>
NAME	<b>INGEMIE, DAVID</b>
STREET ADDRESS	<b>SKI INDUSTRIES AMERICA 8377-B GREENSBORO</b>
CITY - ST - ZIP	<b>MCLEAN VA 22102</b>
TITLE	<b>D</b>
NAME	<b>BICKERT, JOCK</b>
STREET ADDRESS	<b>1624 MARKET ST, #306</b>
CITY - ST - ZIP	<b>DENVER CO 80202</b>
TITLE	<b>D</b>
NAME	<b>DALY, M. VIRGINIA</b>
STREET ADDRESS	<b>8911 BRADLEY BLVD.</b>
CITY - ST - ZIP	<b>POTOMAC MD 20854</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>D GLENN HILLIARD</b>
3.3 STREET ADDRESS	<b>5780 POWERS FERDY RD.</b>
3.4 CITY - ST - ZIP	<b>ATLANTA, GA 30327</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if shared, or on an attachment with an address.

SIGNATURE: *David Burwell* (Signature of Signing Officer or Director) **DAVID BURWELL** (Printed Name of Signing Officer or Director) **3/22/95** (Date) **202-797-5400** (Telephone Number)