
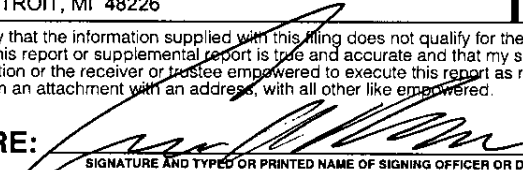


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90012 034 \*\*\*\*61.25

<b>DOCUMENT # P29158</b>					
1. Entity Name RAILS TO TRAILS CONSERVANCY CORPORATION					
Principal Place of Business 1100 17TH ST NW WASHINGTON, D. 20036 US			Mailing Address 1100 17TH ST NW WASHINGTON, D. 20036 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 52-1437006	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRYAN, KEN 2545 BLAIRSTONE PINES DR TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUGHLIN, KEITH		NAME		
STREET ADDRESS	1100 17TH STREET 10TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20036		CITY-ST-ZIP		
TITLE	VC	<input type="checkbox"/> Delete	TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGLE, RICHARD W JR		NAME		
STREET ADDRESS	52 UNCAS CIR		STREET ADDRESS		
CITY-ST-ZIP	GUILFORD, CT 06437		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDMAN, PETER		NAME	Jock Bickert	
STREET ADDRESS	615 SECOND AVENUE SUITE 360		STREET ADDRESS	535 16th Street, Suite 812	
CITY-ST-ZIP	SEATTLE, WA 98104		CITY-ST-ZIP	Denver, CO 70202	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERARD, JENNIE		NAME	Karl Friedman	
STREET ADDRESS	1049 MANDANA BLVD		STREET ADDRESS	10 cherry Hills Drive	
CITY-ST-ZIP	OAKLAND, CA 94610		CITY-ST-ZIP	Englewood, CO 80110	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGEMIE, DAVID		NAME		
STREET ADDRESS	8377 B GREENSBORO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MC LEAN, VA 22102		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERIWETHER, HEATH		NAME		
STREET ADDRESS	600 WEST FORT STREET		STREET ADDRESS		
CITY-ST-ZIP	DETROIT, MI 48226		CITY-ST-ZIP		
12. 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 supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/13/04		Daytime Phone #: (202)974-5127
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					