

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P29158 (3)**  
 1. Corporation Name  
**RAILS TO TRAILS CONSERVANCY CORPORATION**



Principal Place of Business <b>1400 SIXTEENTH STREET, N.W. SUITE 300 WASHINGTON DC 20036</b>	Mailing Address <b>1400 SIXTEENTH STREET, N.W. SUITE 300 WASHINGTON DC 20036</b>
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3. Date Incorporated or Qualified <b>05/01/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>52-1437006</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent  
**THOMPSON, RUTH G  
2545 BLAIRSTONE PINES DR  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
**Ken Bryan**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2545 Blairstone Pines Drive**  
 83  
 84 City  
**Tallahassee**  
**FL** 85 Zip Code  
**32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: KEN BRYAN X Ken Bryan 3/19/96  
Signature, typed or printed name of registered agent and firm if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BURWELL, DAVID	
STREET ADDRESS	6143 30TH STREET, NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NORTON, EDWARD	
STREET ADDRESS	1400 SIXTEENTH ST. NW STE. 300	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HILLIARD, GLENN	
STREET ADDRESS	5780 POWERS FERRY RD.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	INGEMIE, DAVID	
STREET ADDRESS	SKI INDUSTRIES AMERICA 8377-B GREENSBORO	
CITY-ST-ZIP	MCLEAN VA 22102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BICKERT, JOCK	
STREET ADDRESS	1624 MARKET ST, #306	
CITY-ST-ZIP	DENVER CO 80202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, M. VIRGINIA	
STREET ADDRESS	8911 BRADLEY BLVD.	
CITY-ST-ZIP	POTOMAC MD 20854	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Daly, M. Virginia
4.3 STREET ADDRESS	8911 Bradley Boulevard
4.4 CITY-ST-ZIP	Potomac, Maryland 20854
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	000001758720
5.3 STREET ADDRESS	-03/27/96--01001--010
5.4 CITY-ST-ZIP	***70.00
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ingemie, David
6.3 STREET ADDRESS	Ski Industries America 8377-B Greensboro
6.4 CITY-ST-ZIP	McLean, Virginia 22102

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 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 changed, or on an attachment with an address.

SIGNATURE: David Ingemie 2,4/96 202-797-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)