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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P29158

1. Corporation Name
RAILS TO TRAILS CONSERVANCY CORPORATION

211427 - 90260 - 13

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 | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/01/1990 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 52-1437006 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Zip | 25 | Country | 29 | 30 |

| | | | | | | | |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BRYAN, KEN 2545 BLAIRSTONE PINES DR TALLAHASSEE FL 32301 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURWELL, DAVID | 1.2 NAME | |
| STREET ADDRESS | 6143 30TH STREET, NW | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NORTON, EDWARD | 2.2 NAME | |
| STREET ADDRESS | 1400 SIXTEENTH ST. NW STE. 300 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WASHINGTON DC | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TANNEN, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 477 MADISON AVE., 16TH FLOOR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACKELSON, MARK | 4.2 NAME | |
| STREET ADDRESS | 444 INSURANCE EXCHANGE BLDG, #505 5TH AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | DES MOINES IA 50309 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BICKERT, JOCK | 5.2 NAME | |
| STREET ADDRESS | 1624 MARKET ST, #306 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | DENVER CO 80202 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALY, VIRGINIA M | 6.2 NAME | |
| STREET ADDRESS | 8911 BRADLEY BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | POTOMAC MD 20854 | 6.4 CITY-ST-ZIP | |

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 2/9/99 202-331-9696
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)