

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29158

1. Entity Name

RAILS TO TRAILS CONSERVANCY CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90100 036 ****61.25

Principal Place of Business 1100 17TH ST NW WASHINGTON D. 20036 US	Mailing Address 1100 17TH ST NW WASHINGTON D. 20036-4601 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1437006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRYAN, KEN
2545 BLAIRSTONE PINES DR
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. 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 checked="" 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	TANNEN, MICHAEL
STREET ADDRESS	477 MADISON AVE., 16TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	C <input type="checkbox"/> Delete
NAME	ACKELSON, MARK
STREET ADDRESS	444 INSURANCE EXCHANGE BLDG, #505 5TH AVE
CITY-ST-ZIP	DESMOINES IA 50309
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, VIRGINIA M
STREET ADDRESS	8911 BRADLEY BLVD
CITY-ST-ZIP	POTOMAC MD 20854

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Richard W. Angle, Jr.
CITY-ST-ZIP	52 uncas circle Guilford, CT 06437
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **02-09-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)