

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90268 047 ****61.25

DOCUMENT # P29158

1. Entity Name

RAILS TO TRAILS CONSERVANCY CORPORATION

Principal Place of Business

Mailing Address

1100 17TH ST NW
 WASHINGTON D. 20036
 US

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

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURWELL, DAVID 6143 30TH STREET, NW WASHINGTON DC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGLE, RICHARD W JR. 52 UNCAS CIR GUILFORD CT 06437	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, PETER 615 SECOND AVENUE SUITE 360 SEATTLE WA 98104	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ACKELSON, MARK 444 INSURANCE EXCHANGE BLDG, #505 5TH AVE DESMOINES IA 50309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BICKERT, JOCK 1624 MARKET ST, #306 DENVER CO 80202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, VIRGINIA M 8911 BRADLEY BLVD POTOMAC MD 20854	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Keith Laughlin 1100 17th Street 10th Fl. Washington, DC 20036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chair Angle, Richard W. Jr 52 Uncas Cir Guilford CT 06437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Jennie Gerard 1049 Mandana Blvd. Oakland, CA 94610	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David Ingemie 8377 B Greensboro Drive McLean, VA 22102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Heath Meriwether 600 West Fort Street Detroit, MI 48226	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Roxana Kieley* **ROXANA KIELEY** 4/5/02 2029745146
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment

BW072697

**Rails-to-Trails Conservancy
Board of Directors**

P29158

Ackelson, Mark C.

President
Iowa Natural Heritage Foundation
444 Insurance Exchange Building
505 Fifth Avenue
Des Moines, IA 50309
(515) 288-1846
Fax: (515) 288-0137
E-mail: mackelson@inhf.org

Angle, Jr. Richard W.

Angle Associates
52 Uncas Circle
Guilford, CT 06437
(203) 453-6065
Fax: (203) 453-2820
E-mail: cangle@cshore.com

Bellas, James

Bike To Go
6415 Waterway Drive
Falls Church, VA 22044
(703) 658-9231
Fax: (703) 658-9231
E-mail: jim_bellas@yahoo.com

Bickert, Jock

Chief Executive Officer
Looking Glass, Inc.
1624 Market Street, Suite 311
Denver, CO 80202
(303) 893-8600
Fax: (303) 893-8611
E-mail: pippin7@aol.com

Friedman, Karl

Repertoire Capital Ventures
10 Cherry Hills Drive
Englewood, CO 80110
(303) 783-9701
Fax: (303) 783-9703
E-mail: kfriedman@repertoire-vc.com

Gerard, Jennie E. (Chair)

1049 Mandana Blvd.
Oakland, CA 94610
(510) 836-1620
Fax: (510) 836-6163
E-mail: jeжерard@pacbell.net

Goldman, Peter

Director
Washington Forest Law Center
615 Second Avenue, Suite 360
Seattle, WA 98104
(206) 223-4088
Fax: (206) 223-4280
E-mail: pgoldman@wflc.org

Hetterick, John F.

615 Waycliffe North
Wayzata, MN 55391
(952) 476-8879
Fax and phone: (952) 449-8659
E-mail: jhetterick@msn.com

Ingemie, David

President
SnowSports Industries America
8377 B Greensboro Drive
McLean, VA 22102
(703) 556-9020
Fax: (703) 821-8276
E-mail: dingemie@snowsports.org

Lafontaine, Laurie

Chair
Cambria and Indiana Trail Council
480 Airport Road
Indiana, PA 15701
(724) 349-5171
Fax: (909) 752-6306
E-mail: trailsrme@att.net

Marshall, Charles N.
President and COO
Genesee & Wyoming Inc.
1040 West Schuylkill Road
Pottstown, PA 19465
(610) 323-8631
Fax: (610) 326-3195
E-mail: cmarshall@gwrr.com

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Meriwether, Heath J.
Publisher
Detroit Free Press
600 West Fort Street
Detroit, MI 48226
(313) 222-5974
Fax: (313) 222-8874
E-mail: meriwe@freepress.com

Murphy, Tom
Mayor
City of Pittsburgh
512 City Council Building
414 Grant Street
Pittsburgh, PA 15219
(412) 255-6781
Fax: (412) 255-8602
E-mail:
linda.gangewere@city.pittsburgh.pa.us