

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000000156

**Entity Name:** RAILWORKS TRANSIT, INC.**Current Principal Place of Business:**5 PENN PLAZA  
15TH FLOOR  
NEW YORK, NY 10001**Current Mailing Address:**5 PENN PLAZA  
15TH FLOOR  
NEW YORK, NY 10001**FEI Number: 11-2626106****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LEVY, JEFFREY M  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title VST  
Name CELLINI, GENE  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title V  
Name GUILD, GARY  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title VP  
Name ESPOSITO, MICHAEL  
Address 5 PENN PLAZA  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title P  
Name D'ALESSANDRO, BEN  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title VAS  
Name KELLY, WILLIAM  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title AS  
Name ROUNDTREE, TERESA  
Address 5 PENN PLAZA, 15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

Title VP  
Name HABER, RAY  
Address 5 PENN PLAZA  
15TH FLOOR  
City-State-Zip: NEW YORK NY 10001

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: GENE CELLINI****SVP, SECT,TRES****04/12/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ASST. SECRETARY
Name	LEVY, BEN
Address	5 PENN PLAZA 15TH FLOOR
City-State-Zip:	NEW YORK NY 10001