


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 850472 1. Entity Name RAILWORKS ATBD, INC.	
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Principal Place of Business 9641 LACKMAN ROAD LENEXA, KS 66210	Mailing Address 5 PENN PLAZA NEW YORK, NY 10001
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**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 48-0673656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIST, RAYMOND 5 PENN PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO CAMPBELL, KENNETH 5 PENN PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CELLINI, GENE 5 PENN PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MNIECKOWSKI, RONALD 5 PENN PLAZA NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000441510  
02/19/06-80098-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene J. Cellini **GENE J. CELLINI - V/P TA** 2/19/06 212-502-7911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR