

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90002 015 \*\*\*150.00

**DOCUMENT # 850472**

1. Entity Name  
RAILWORKS ATBD, INC.



Principal Place of Business  
9641 LACKMAN ROAD  
LENEXA, KS 66210

Mailing Address  
5 PENN PLAZA  
NEW YORK, NY 10001

**40029886**



2. Principal Place of Business - No P.O. Box #

96 RAILWORKS CORP.

3. Mailing Address

Suite, Apt. #, etc.

5 PENN PLAZA 12TH FL

Suite, Apt. #, etc.

03012007

Chg-P

CR2E034 (12/06)

City & State

NEW YORK, NY

City & State

4. FEI Number

48-0673656

Applied For

Not Applicable

Zip

10001

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME LIST, RAYMOND  
STREET ADDRESS 5 PENN PLAZA  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☒ Change ☐ Addition  
NAME JEFFREY M. LEVY  
STREET ADDRESS PRESIDENT  
CITY-ST-ZIP 5 PENN PLAZA 12TH FL.  
NEW YORK, NY 10001

TITLE VCFO ☒ Delete  
NAME CAMPBELL, KENNETH  
STREET ADDRESS 5 PENN PLAZA  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME CELLINI, GENE  
STREET ADDRESS 5 PENN PLAZA  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☒ Change ☐ Addition  
NAME GENE CELLINI  
STREET ADDRESS SECRETARY/TREASURER  
CITY-ST-ZIP 5 PENN PLAZA 12TH FL  
NEW YORK, NY 10001

TITLE ST ☒ Delete  
NAME MNIECKOWSKI, RONALD  
STREET ADDRESS 5 PENN PLAZA  
CITY-ST-ZIP NEW YORK, NY 10001

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gene J. Cellini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07  
Date

(212) 502-7911  
Daytime Phone #