

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002669

FILED
Feb 10, 2007
Secretary of State

Entity Name: NATIONAL LAMBDA RAIL, INC.

Current Principal Place of Business:

5757 PLAZA DR, STE 205
MR. THOMAS WEST, NATIONAL LAMBDA RAIL, INC
CYPRESS, CA 90630

New Principal Place of Business:

Current Mailing Address:

5757 PLAZA DR, STE 205
MR. THOMAS WEST, NATIONAL LAMBDA RAIL, INC
CYPRESS, CA 90630

New Mailing Address:

FEI Number: 37-1470984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: WEST, THOMAS W
Address: 5757 PLAZA DRIVE
City-St-Zip: CYPRESS, CA 90630

Title: TREA () Delete
Name: CORBATO, STEVE
Address: INTERNET2, UNIV. OF UTAH, 155 S. 1452 E.
City-St-Zip: SALT LAKE CITY, UT 84112

Title: SEC. () Delete
Name: MEEHL, MARLA
Address: UCAR, P.O. BOX 3000
City-St-Zip: BOULDER, CO 80307

Title: D () Delete
Name: FUTHEY, TRACY
Address: DUKE UNIVERSITY, BOX 90009
City-St-Zip: DURHAM, NC 27708

Title: D () Delete
Name: UPDEGROVE, DANIEL
Address: LEARN, P.O. BOX 7407, MCG9800
City-St-Zip: AUSTIN, TX 78713

Title: D () Delete
Name: BLYTHE, ERVING
Address: VIR. POLYTECH, 327 BURRUSS HALL
City-St-Zip: BLACKSBURG, VA 24061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: CONRAD, LARRY
Address: C6100 UNIVERSITY CENTER
City-St-Zip: TALLAHASSEE, FL 32306 26

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS W. WEST

PRES

02/10/2007

Electronic Signature of Signing Officer or Director

Date