


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000005095	
1. Entity Name RAILWORKS TRACK SERVICES, INC.	
	
Principal Place of Business 1624 W ARMSTRONG RD FRANKFORT, IN 46041	Mailing Address 5 PENN PLAZA 12TH FL NEW YORK, NY 10001



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1075159	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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, 2007 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	D LEVY, JEFFREY M 5 PENN PLAZA 12TH FL NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUGUST, JOHN 5 PENN PLAZA 12TH FL NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BENNETT, BRIAN 4301 BRIDGETON INDUSTRIAL DR BRIDGEON, MO 63044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CELLINI, GENE 5 PENN PLAZA 12TH FL NEW YORK, NY 10001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/19/07-80011-004 150.00

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

SIGNATURE: Gene J. Cellini 3/1/07 (212) 502-7511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #