

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005766

FILED
Feb 24, 2011
Secretary of State

Entity Name: GEORGETOWN RAIL EQUIPMENT COMPANY

Current Principal Place of Business:

111 COOPERATIVE WAY
SUITE 100
GEORGETOWN, TX 78626

New Principal Place of Business:

Current Mailing Address:

111 COOPERATIVE WAY
SUITE 100
GEORGETOWN, TX 78626

New Mailing Address:

FEI Number: 74-2662968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: O
Name: AADNESEN, CHRIS
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

Title: O
Name: SNEAD, NED
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

Title: T
Name: MOCKLER, DICK
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

Title: P
Name: SHELL, WILLIAM
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

Title: V
Name: MAIER, JOAN
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

Title: CHRM
Name: KINNEAR, JOHN
Address: 111 COOPERATIVE WAY, SUITE 100
City-St-Zip: GEORGETOWN, TX 78626

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: JOAN D. MAIER

V

02/24/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date