2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001657

City-St-Zip:

OWOSSO, MI 48867

Entity Name: FCM RAIL, LTD. CORPORATION

FILED Jun 25, 2009 Secretary of State

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Current Principal Place of Business:		New Principal Place of Business:	
15173 NO FENTON,	RTH ROAD MI 48430		
Current Mailing Address:		New Mailing Address:	
15173 NO FENTON,	RTH ROAD MI 48430		
FEI Number	: 38-2343435 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address of New Registered Agent:	
GILSTAD, DENNIS J 21898 CLAVIN LANE PORT CHARLOTTE, FL 33952 US		GILSTAD, DENNIS J 10810 WHEELER PLACE PUNTA GORDA, FL 33950 US	
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, or both,	
SIGNATURE:		06/25/2009	
	Electronic Signature of Registered A	gent Date	
Election Car	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	C () Delete GILSTAD, DENNIS K 21898 CLAVIN LANE PORT CHARLOTTE, FL 33952 DP () Delete	Title: C (X) Change () Addition Name: GILSTAD, DENNIS K Address: 10810 WHEELER PLACE City-St-Zip: PUNTA GORDA, FL 33950 Title: () Change () Addition	
Name: Address: City-St-Zip:	MARSHALL, TRENT E 6086 ROLLING GREEN GRAND BLANC, MI 48439	Name: Address: City-St-Zip:	
Title: Name: Address: City-St-Zip:	DV () Delete BROWN, DANIEL P 114 SOUTHARM DR GLENDALE, MO 63122	Title: () Change () Addition Name: Address: City-St-Zip:	
Title: Name: Address:	S () Delete KRAJCOVIC, DIANE S 690 HOLLYWOOD DR	Title: () Change () Addition Name: Address:	

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: DIANE S. KRAJCOVIC S 06/25/2009