

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P08088 1. Entity Name RAILWORKS TRACK SYSTEMS, INC.					
Principal Place of Business 5 PENNN PLAZA 17TH FLOOR NEW YORK, NY 10001			Mailing Address 5 PENNN PLAZA 17TH FLOOR NEW YORK, NY 10001		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			02142006 Chg-P CR2E034 (11/05)		
			4. FEI Number 41-1522172		☐ Applied For ☒ Not Applicable
			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			7. Name and Address of New Registered Agent 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 _____ DATE _____					
<i>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</i>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	TITLE		☐ Change ☐ Addition
NAME	DONLEY, WILLIAM R		NAME		
STREET ADDRESS	101 WEST STATION SQUARE		STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH, PA 15219		CITY-ST-ZIP		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LIST, RAYMOND		NAME		
STREET ADDRESS	5 PENN PLAZA, 17TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	VPCO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, KENNETH		NAME		
STREET ADDRESS	5 PENN PLAZA, 17TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MINIECKOWSKI, RONALD		NAME		
STREET ADDRESS	5 PENN PLAZA, 17TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	VPT	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CELLINI, GENE		NAME		
STREET ADDRESS	5 PENN PLAZA, 17TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MINIECKOWSKI, RONALD		NAME		
STREET ADDRESS	5 PENN PLAZA, 17TH FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10001		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: <i>[Handwritten Signature]</i> Date: <i>2/14/06</i> Designation: <i>Sec</i>					