

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P08088

1. Entity Name
RAILWORKS TRACK SYSTEMS, INC.



Principal Place of Business

**5 PENN PLAZA
12TH FLOOR
NEW YORK, NY 10001**

Mailing Address

**5 PENN PLAZA
12TH FLOOR
NEW YORK, NY 10001**



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remitting)

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**

**U000000657520
03/14/07-80065-027 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AUGUST, JOHN
STREET ADDRESS	5 PENN PLAZA 12TH FL
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	VP
NAME	BRACE, SCOTT
STREET ADDRESS	8485 WEST 210TH ST
CITY-ST-ZIP	LAKEVILLE, MN 55044
TITLE	VP
NAME	LAPP, JOHN
STREET ADDRESS	5 PENN PLAZA, 12TH FL
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	S&T
NAME	CELLINI, GENE
STREET ADDRESS	5 PENN PLAZA, 12TH FL
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	D
NAME	LEVY, JEFFREY
STREET ADDRESS	5 PENN PLAZA, 12TH FL
CITY-ST-ZIP	NEW YORK, NY 10001
TITLE	VP
NAME	LANDRETH, DAVID
STREET ADDRESS	5 PENN PLAZA, 12TH FL
CITY-ST-ZIP	NEW YORK, NY 10001

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gene J. Cellini
3/2/07 212-502-7911