

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90028 035 ***150.00

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
DO NOT WRITE IN THIS SPACE		
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 reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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	
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: <u>Gene J. Cellini</u> <u>GENE CELLINI</u> <u>3/26/08</u> <u>(212) 502-7911</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		