

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P30105 (1)**
 1. Corporation Name
LORAM MAINTENANCE OF WAY, INC.

Principal Place of Business Mailing Address
P.O. BOX 188 HAMEL MN 55340 **P.O. BOX 188 HAMEL MN 55340**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/05/1990** 3a. Date of Last Report **05/01/1994**
 4. FEI Number **41-0950401** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	BORSOS, C.L.
STREET ADDRESS	3900 ARROWHEAD DRIVE
CITY-ST-ZIP	HAMEL MN
TITLE	V
NAME	CLARKSON, D.B.
STREET ADDRESS	3900 ARROWHEAD DRIVE
CITY-ST-ZIP	HAMEL MN
TITLE	VS
NAME	MALMO, W.R.
STREET ADDRESS	3900 ARROWHEAD DRIVE
CITY-ST-ZIP	HAMEL MN
TITLE	VTD
NAME	GJOSUND, D.L.
STREET ADDRESS	707 8TH AVE. S.W.
CITY-ST-ZIP	CALGARY ALBERTA CANA
TITLE	D
NAME	MANNIX, R.N.
STREET ADDRESS	707 8TH AVE. S.W.
CITY-ST-ZIP	CALGARY ALBERTA CANA
TITLE	VPF
NAME	CHERREY, D. D.
STREET ADDRESS	390 ARROWHEAD DR
CITY-ST-ZIP	HAMEL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	3900 Arrowhead Drive
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **D.D. Cherrey** 4/13/95 612-478-6014

 - SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
Vice President Finance

