

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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



Principal Place of Business P.O. BOX 188 HAMEL MN 55340	Mailing Address P.O. BOX 188 HAMEL MN 55340-0188
---	--

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
24 Country	29 Zip
25 Zip	30 Country

3 Date Incorporated or Qualified 07/05/1990	3a Date of Last Report 04/09/1996
4 FEI Number 41-0950401	Applied For Not Applicable
5 Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 607.1508, 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	BORSOS, C.L.	
STREET ADDRESS	3900 ARROWHEAD DRIVE	
CITY-ST-ZIP	HAMEL MN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CLARKSON, D.B.	
STREET ADDRESS	3900 ARROWHEAD DRIVE	
CITY-ST-ZIP	HAMEL MN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MALMO, W.R.	
STREET ADDRESS	3900 ARROWHEAD DRIVE	
CITY-ST-ZIP	HAMEL MN	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	GJOSUND, D.L.	
STREET ADDRESS	707 8TH AVE. S.W.	
CITY-ST-ZIP	CALGARY ALBERTA CANA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANNIX, R.N.	
STREET ADDRESS	707 8TH AVE. S.W.	
CITY-ST-ZIP	CALGARY ALBERTA CANA	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	CHERREY, D. D.	
STREET ADDRESS	3900 ARROWHEAD DRIVE	
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	No longer Vice Pres. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	or Treasurer. Only Director.
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

CR2E034 (9/96)

LORAM MAINTENANCE OF WAY, INC.
ADDITIONAL OFFICERS

P. V. Wilson	3900 Arrowhead Drive, P.O. Box 188 Hamel, Minnesota 55340 President, CEO
D. A. Powell	3900 Arrowhead Drive, P.O. Box 188 Hamel, Minnesota 55340 Vice President Worldwide Sales & Market Development
R. K. Matthews	3900 Arrowhead Drive, P.O. Box 188 Hamel, Minnesota 55340 Vice President Marketing
L. B. Gordon	P.O. Box 2550 Calgary, Alberta T2P 2M7 Chairman

ADDITIONAL DIRECTORS

F. P. Mannix	P.O. Box 2550 Calgary, Alberta T2P 2M7
R. G. Provost	P.O. Box 2550 Calgary, Alberta T2P 2M7
L. B. Gordon	P.O. Box 2550 Calgary, Alberta T2P 2M7
P. V. Wilson	3900 Arrowhead Drive, P.O. Box 188 Hamel, Minnesota 55340