

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90414 047 ***150.00

DOCUMENT # P30105

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-0950401

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	VS						
	MALMO, W.R.	3900 ARROWHEAD DRIVE	HAMEL MN				
	D						
	GJOSUND, D.L.	707 8TH AVE. S.W.	CALGARY ALBERTA CANA				
	D						
	MANNIX, R.N.	707 8TH AVE. S.W.	CALGARY ALBERTA CANA				
	VPF				VPFS		
	CHERREY, D. D.	3900 ARROWHEAD DRIVE	HAMEL MN				
	PCGO						
	WILSON, P V	3900 ARROWHEAD DR	HAMEL MN 55340				

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D.D. Cherrey

4/8/02 (763) 478-6014
 Date Daytime Phone #

CR2E034 (9/01)

DO NOT WRITE IN THIS SPACE



