


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90411 005 \*\*\*150.00

**DOCUMENT # P30105**  
 1. Entity Name  
**LORAM MAINTENANCE OF WAY, INC.**



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



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.

04082004      Chg-P      CR2E034 (10/03)

City & State                              City & State

4. FEI Number      Applied For  
**41-0950401**                               Not Applicable

Zip      Country                              Zip      Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<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	VFC	<input type="checkbox"/> Delete
NAME	CHERREY, D. D.	
STREET ADDRESS	3900 ARROWHEAD DRIVE	
CITY-ST-ZIP	HAMEL, MN	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WILSON, P V	
STREET ADDRESS	3900 ARROWHEAD DR	
CITY-ST-ZIP	HAMEL, MN 55340	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V P/CFQS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**  **D.D. Cherrey**      **4/15/04**      **763 478-6014**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

Attachment  
44031146

# P 30105

LORAM MAINTENANCE OF WAY, INC.

FEIN 41-0950401

OFFICERS

D. H. Isdahl                      3900 Arrowhead Drive, P.O. Box 188  
Hamel, Minnesota 55340  
Vice President Operations

H. Vanaki                         3900 Arrowhead Drive, P.O. Box 188  
Hamel, Minnesota 55340  
Vice President Eng & Manufacturing

~~P. J. Homan                      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

DIRECTORS

L. B. Gordon                      P.O. Box 2550  
Calgary, Alberta T2P 2M7

J. K. Amundrud                    Carleton Court, High Street  
Bridgetown, Barbados

G. D. Chapel                       Ste 1190, 700 - 9<sup>th</sup> Ave SW  
Calgary, Alberta T2P 3V4