

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005766

FILED
Feb 24, 2020
Secretary of State
9134318021CC

Entity Name: GEORGETOWN RAIL EQUIPMENT COMPANY

Current Principal Place of Business:

111 COOPERATIVE WAY
SUITE 400
GEORGETOWN, TX 78626

Current Mailing Address:

3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
HAMEL, MN 55340-9529 US

FEI Number: 74-2662968

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name HOMAN, P. J.
Address 3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title CFO
Name WILLEMS, B. A.
Address 3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title PRESIDENT
Name GRISSOM, G. T.
Address 111 COOPERATIVE WAY
SUITE 400
City-State-Zip: GEORGETOWN TX 78626

Title SECRETARY
Name WILKERSON, K. E.
Address 3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title VP, HUMAN RESOURCES
Name BOBB, S. C.
Address 3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title VP, MARKETING/SALES
Name BACHMAN, N. C.
Address 111 COOPERATIVE WAY
SUITE 400
City-State-Zip: GEORGETOWN TX 78626

Title VP, SAFETY/OPERATIONS
Name STONE, J. T.
Address 111 COOPERATIVE WAY
SUITE 400
City-State-Zip: GEORGETOWN TX 78626

Title VP, ENGINEERING
Name EUSTON, T. L.
Address 111 COOPERATIVE WAY
SUITE 400
City-State-Zip: GEORGETOWN TX 78626

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: B. A. WILLEMS

CFO

02/24/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOMAN, P. J.
Address 3900 ARROWHEAD DRIVE, P.O. BOX 188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title DIRECTOR
Name WILLEMS, B. A.
Address 3900 ARROWHEAD DRIVE, P.O. BOX
188
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529