

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000005766

**Entity Name:** GEORGETOWN RAIL EQUIPMENT COMPANY

**FILED**  
**Feb 22, 2019**  
**Secretary of State**  
**2653558226CC**

**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

**Continues on page 2**

*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**

**02/22/2019**

\_\_\_\_\_  
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