

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30105

**Entity Name:** LORAM MAINTENANCE OF WAY, INC.**Current Principal Place of Business:**3900 ARROWHEAD DRIVE  
ATTN: TAX DEPARTMENT  
HAMEL, MN 55340-9529**Current Mailing Address:**3900 ARROWHEAD DRIVE PO BOX 188  
ATTN: TAX DEPARTMENT  
HAMEL, MN 55340-9529 US**FEI Number:** 41-0950401**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 DIR  
Name MANNIX, R N  
Address SUITE 600, 1100 FIRST STREET SE  
City-State-Zip: CALGARY AB T2G 1-B1

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

Title DIR  
Name BEINGESSNER, K L  
Address SUITE 600, 1100 FIRST STREET SE  
City-State-Zip: CALGARY ALBERTA T2G 1B1

Title VP  
Name CARLIN, J M  
Address 3900 ARROWHEAD DRIVE PO BOX  
188  
ATTN: TAX DEPARTMENT  
City-State-Zip: HAMEL MN 55340-9529

Title DIR  
Name WILSON, P V  
Address SUITE 600, 1100 FIRST STREET SE  
City-State-Zip: CALGARY AB T2G 1-B1

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

Title VP  
Name ISDAHL, D H  
Address 3900 ARROWHEAD DRIVE  
ATTN: TAX DEPARTMENT  
City-State-Zip: HAMEL MN 55340-9529

Title VP  
Name CLARINE, J C  
Address 3900 ARROWHEAD DRIVE PO BOX  
188  
ATTN: TAX DEPARTMENT  
City-State-Zip: HAMEL MN 55340-9529

**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****04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title VP  
Name HADENFELDT, K J  
Address 3900 ARROWHEAD DRIVE PO BOX 188  
ATTN: TAX DEPARTMENT  
City-State-Zip: HAMEL MN 55340-9529

Title VP  
Name BURTON, K. B.  
Address 3900 ARROWHEAD DRIVE PO BOX 188  
City-State-Zip: HAMEL MN 55340-9529

Title SEC  
Name WILKINSON, K E  
Address 3900 ARROWHEAD DRIVE PO BOX  
188  
ATTN: TAX DEPARTMENT  
City-State-Zip: HAMEL MN 55340-9529

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

Title VP  
Name BADGER, D. P.  
Address 3900 ARROWHEAD DRIVE PO BOX  
188  
City-State-Zip: HAMEL FL 55340-9529