

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30105

Entity Name: LORAM MAINTENANCE OF WAY, INC.

FILED
Apr 24, 2017
Secretary of State
CC0669065024

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:

NATIONAL CORPORATE RESEARCH,LTD.,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 DIR
Name WILSON, P V
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 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 ISDAHL, D H
Address 3900 ARROWHEAD DRIVE
ATTN: TAX DEPARTMENT
City-State-Zip: HAMEL MN 55340-9529

Title VP
Name CARLIN, J M
Address 3900 ARROWHEAD DRIVE PO BOX
188
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

04/24/2017

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