## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P30105

Entity Name: LORAM MAINTENANCE OF WAY, INC.

Current Principal Place of Business: 3900 ARROWHEAD DRIVE

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 Title CEO

Name WILSON, P V Name HOMAN, P J

Address SUITE 600, 1100 FIRST STREET SE Address 3900 ARROWHEAD DRIVE PO BOX

City-State-Zip: CALGARY AB T2G 1-B1

ATTN: TAX DEPARTMENT

HAMEL MN 55340-9529

Title DIRECTOR City-State-Zip:

Name ZUMWALT, D. L Title DIR

Address 3900 ARROWHEAD DRIVE PO BOX Name BEINGESSNER, K L

188

ATTN: TAX DEPARTMENT Address SUITE 600, 1100 FIRST STREET SE

City-State-Zip: HAMEL MN 55340-9529 City-State-Zip: CALGARY ALBERTA T2G 1B1

Title VP Title VP

Name CLARINE, J C Name BOBB, S C

Address 3900 ARROWHEAD DRIVE PO BOX Address 3900 ARROWHEAD DRIVE PO BOX

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ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT

City-State-Zip: HAMEL MN 55340-9529 City-State-Zip: HAMEL MN 55340-9529

Title SECRETARY AND GENERAL Title VICE PRESIDENT MARKETING AND

COUNSEL SALES

Name WILKINSON, K E Name OLSON, L P

Address 3900 ARROWHEAD DRIVE PO BOX Address 3900 ARROWHEAD DRIVE PO BOX

188

ATTN: TAX DEPARTMENT ATTN: TAX DEPARTMENT

City-State-Zip: HAMEL MN 55340-9529 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: J. L. AUGESON 04/29/2021

FILED Apr 29, 2021 Secretary of State 3175232717CC

188

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title PRESIDENT, COO Title VP

Name WILLEMS, B A Name BURTON, K B

Address 3900 ARROWHEAD DRIVE PO BOX 188 Address 3900 ARROWHEAD DRIVE PO BOX

ATTN: TAX DEPARTMENT

City-State-Zip: HAMEL MN 55340-9529 City-State-Zip: HAMEL MN 55340-9529

Title VP Title VP

Name BADGER, D P Name AUGESON, J L

Address 3900 ARROWHEAD DRIVE PO BOX 188 Address 3900 ARROWHEAD DRIVE PO BOX 188

City-State-Zip: HAMEL FL 55340-9529 ATTN: TAX DEPARTMENT

City-State-Zip: HAMEL MN 55340-9529