

1.) CORPORATION NAME:

LORAM MAINTENANCE OF WAY INC.

DUE DATE: **1/31/2011**

SCC ID NO: **F0300832**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL CORPORATE RESEARCH LTD

250 BROWNS HILL COURT

MIDLOTHIAN, VA 23114

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000
PREFNV	100,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3900 ARROWHEAD DRIVE, P O 188

CITY/ST/ZIP: HAMEL, MN 55340-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: P J HOMAN
TITLE: P/CEO
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-

OFFICER

DIRECTOR

NAME: D. D. CHERREY
TITLE: VP/CFO
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-

OFFICER

DIRECTOR

NAME: D H ISDAHL
TITLE: VP-SEE IMAGE
ADDRESS: 3900 ARROWHEAD DR
CITY/ST/ZIP/CO: HAMEL, MN 55340-

OFFICER

DIRECTOR

NAME: H VANAKI
TITLE: VP-ENGINEERING
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-

OFFICER

DIRECTOR

NAME: T F DEJOSEPH
TITLE: VICE PRESIDENT
ADDRESS: 3900 ARROWHEAD DRIVE
CITY/ST/ZIP/CO: HAMEL, MN 55340-

OFFICER

DIRECTOR

NAME: J M CARLIN TITLE: VICE PRESIDENT ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J H PERKINS TITLE: VICE PRESIDENT ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: R C CARLSON TITLE: SECRETARY ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: J K AMUNDRUD TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: P V WILSON TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: R N MANNIX TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: L W SHELLEY TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: CALGARY, AB T2G 1B1-, CANADA	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.	
/s/ D. D. CHERREY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	D. D. CHERREY, VP/CFO PRINTED NAME AND CORPORATE TITLE
1/21/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.	