

1.) CORPORATION NAME:

**LORAM MAINTENANCE OF WAY INC.**

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL CORPORATE RESEARCH LTD  
250 BROWNS HILL COURT  
MIDLOTHIAN, VA**

SCC ID NO: **F0300832**

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, PO BOX 188

CITY/ST/ZIP: HAMEL, MN 55340-9529

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.

<p>NAME: P. J. HOMAN TITLE: P/CEO ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: J. M. CARLIN TITLE: VP-OEM SALES ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: D. D. CHERREY TITLE: VP/CFO ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: T. F. DEJOSEPH TITLE: VP-MARKETING ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: D. H. ISDAHL TITLE: VP-SEE IMAGE ADDRESS: 3900 ARROWHEAD DR CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: J. H. PERKINS TITLE: VP-FLEET OPER. ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: A. L. SETTERLUND TITLE: VP-HUMAN RESOUR ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: H. VANAKI TITLE: VP-ENGINEERING ADDRESS: 3900 ARROWHEAD DRIVE CITY/ST/ZIP/CO: HAMEL, MN 55340-9529	<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 55340-9529	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: K L BEINGESSNER TITLE: CHAIRMAN ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: , , FN	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: J. K. AMUNDRUD TITLE: DIRECTOR ADDRESS: SUITE 600, 1100 FIRST STREET SE CITY/ST/ZIP/CO: , , FN	<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: , , FN	<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: , , FN	<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	D. D. CHERREY, VP/CFO	1/14/2015		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.				