

1.) CORPORATION NAME:

ELECTRO-MOTIVE DIESEL INTERNATIONAL CORP.

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1859539**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: LEGAL DEPT
9301 W 55TH ST

CITY/ST/ZIP: LAGRANGE, IL 60525

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:	WILLIAM P AINSWORTH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/PRES/CEO		
ADDRESS:	1600 PROGRESS DR		
CITY/ST/ZIP/CO:	PO BOX 1037 ALBERTVILLE, AL 35950		
NAME:	DIANE EAKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	1600 PROGRESS DR		
CITY/ST/ZIP/CO:	PO BOX 1037 ALBERTVILLE, AL 35950		
NAME:	J DUANE CANTRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Dir/Sr. VP		
ADDRESS:	1600 PROGRESS DR		
CITY/ST/ZIP/CO:	PO BOX 1057 ALBERTVILLE, AL 35950		
NAME:	BERNARD GRANEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Dir/Sr. VP/CFO		
ADDRESS:	1600 PROGRESS DR		
CITY/ST/ZIP/CO:	PO BOX 1037 ALBERTVILLE, AL 35950		
NAME:	Robert J. Kubiak	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9301 W. 55th Street		
CITY/ST/ZIP/CO:	LaGrange, IL 60525		
NAME:	Robin D. Beran	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	100 N.E. Adams Street		
CITY/ST/ZIP/CO:	Peoria, IL 61629		

NAME: Rajendra K. Kanuru TITLE: VP/GC ADDRESS: 1600 Progress Drive CITY/ST/ZIP/CO: Albertville, AL 35950	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: T. Gerald Davis, Jr. TITLE: SECRETARY ADDRESS: 9301 W. 55th Street CITY/ST/ZIP/CO: LaGrange, IL 60525	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: Kathryn J. Zicarelli TITLE: ASST SECRETARY ADDRESS: 9301 W. 55th Street CITY/ST/ZIP/CO: LaGrange, IL 60525	<input checked="" type="checkbox"/>	OFFICER	<input 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/ Kathryn J.Zicarelli	Kathryn J.Zicarelli,			5/15/2013
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.				