

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08088

Entity Name: RAILWORKS TRACK SYSTEMS, INC.**Current Principal Place of Business:**8485 WEST 210 STREET
LAKEVILLE, MN 55044**Current Mailing Address:**5 PENN PLAZA
15TH FLOOR
NEW YORK, NY 10001**FEI Number:** 41-1522172**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 ASST. SECRETARY
Name ROUNDTREE, TERESA
Address 5 PENN PLAZA, 15TH FL
City-State-Zip: NEW YORK NY 10001

Title DIRECTOR
Name RIDDETT, KEVIN E
Address 5 PENN PLAZA, 15TH FL
City-State-Zip: NEW YORK NY 10001

Title ASST. SECRETARY
Name LEVY, BEN D
Address 5 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title ASST. SECRETARY
Name WILSON, JOANN
Address 5 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title PRESIDENT, SECRETARY,
TREASURER
Name CELLINI, GENE J
Address 5 PENN PLAZA, 15TH FL
City-State-Zip: NEW YORK NY 10001

Title V-PRESIDENT
Name ROLF, ROBERT
Address 5 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10001

Title V- PRESIDENT
Name KORTENBUSCH, KEITH
Address 8485 WEST 210 STREET
City-State-Zip: LAKEVILLE MN 55044

Title VP
Name CARNEY, RICHARD
Address 5 PENN PLAZA
15TH FLOOR
City-State-Zip: NEW YORK NY 10001

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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: GENE J CELLINI**PRES SECT TRES****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	LUOND, WILLIAM D
Address	5 PENN PLAZA 15TH FLOOR
City-State-Zip:	NEW YORK NY 10001