

REPORT OF RAILROAD EMPLOYEES, SERVICE, AND COMPENSATION

Full Name of Reporting Company

CN / Grand Trunk Corporation

For Quarter Ending

Sept.30, 2011

Miles of line covered by this report

6,860

For Calendar Year

2011

(State in whole numbers)

Group No.	Reporting Group (1)	Average number of employees for period 1,2 (2)	Average number of employess who received pay during period (3)	SERVICE HOURS			
				Time worked and paid for at straight time rates (4)	Overtime paid for at punitive rates (5)	Time paid for but not worked (6)	Total time paid for (7)
100	Total Executives, Official and Staff Assist.	375	376	196,437	-	-	196,437
200	Total Professional and Administrative	530	571	268,588	5,382	29,628	303,598
300	Total Maintenance of Way and Structures	1,899	1,990	941,955	117,568	102,204	1,161,727
400	Total Maintenance of Equipment & Stores	823	1,048	490,130	44,749	56,671	591,550
500	Total Transportation (other than train & engine)	361	475	213,150	21,483	31,749	266,382
550	Total of above groups*	3,988	4,460	2,110,260	189,182	220,252	2,519,694

		COMPENSATION (in thousands)			
		Time worked and paid for at straight time rates (8)	Overtime paid for at punitive rates (9)	Time paid for but not worked (10)	Total compensation paid (11)
100	Total Executives, Official and Staff Assist.	9,475	-	-	\$ 9,475
200	Total Professional and Administrative	9,053	206	1,021	\$ 10,280
300	Total Maintenance of Way and Structures	24,045	4,342	2,846	\$ 31,233
400	Total Maintenance of Equipment & Stores	12,921	1,690	1,664	\$ 16,275
500	Total Transportation (other than train & engine)	6,282	887	1,106	\$ 8,275
550	Total of above groups*	\$ 61,776	\$ 7,125	\$ 6,637	\$ 75,538

- 1 Average of three monthly mid-month counts for quarterly report.
- 2 Average of twelve mid-month counts for annual report.

**SURFACE TRANSPORTATION BOARD
OFFICE OF ECONOMICS / SECTION OF AUDIT AND ACCOUNTING
WASHINGTON, DC 20423**

FORM B - STB Wage Statistics
Approved by OMB (No. 3120-0074)
Expires 6/30/96

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Full Name of Reporting Company

CN / Grand Trunk Corporation

For Quarter Ending

Sept. 30, 2011

For Calendar Year

2011

Group No.	Reporting Group (1)	Average number of employees for period 1,2 (2)	Average number of employess who received pay during period (3)	SERVICE HOURS				
				Straight time actually worked (4)	Straight time paid for (5)	Overtime paid for (6)	Constructive allowance, vacations, holidays, etc. (7)	Total service hours (8)
600	Total Transportation (train and engine)	2,142	2,492	1,073,146	1,158,051	135,419	201,308	1,494,778
700	Total all groups *	6,130	6,952	3,183,406	3,268,311	324,601	421,560	4,014,472
				* Form A Col 4 plus Form B Col. 4	* Form A Col 4 plus Form B Col. 5	* Form A Col 5 plus Form B Col. 6	* Form A Col 6 plus Form B Col. 7	* Form A Col 7 plus Form B Col. 8
Group No.	Reporting Group	COMPENSATION (in thousands)				Miles		Total number of trips for which not less than a minimum day was paid (15)
		Straight time paid for (9)	Overtime paid for (10)	Constructive allowance, vacations, holidays, etc. (11)	Total compensation (12)	Actually run (13)	Paid for but not run (14)	
600	Total Transportation (train and engine)	37,182	6,753	11,296	55,231	9,114,947	-	139,231
700	Total all groups *	\$ 98,958	\$ 13,878	\$ 17,933	\$ 130,769	9,114,947		139,231
		*Form A Col 8 plus Form B Col 9	*Form A Col 9 plus Form B Col 10	*Form A Col 10 plus Form B Col 11	*Form A Col 11 plus Form B Col 12			

- 1 Average of three monthly mid-month counts for quarterly report.
- 2 Average of twelve mid-month counts for annual report.

I A AND B -- INSTRUCTIONS

1. By Docket No. 37025 served November 18,1982, Revision to the Preliminary Report of Employees of Class I Railroads and the Reports of Employees, Service, and Compensation Filed by Class I Railroads (367 ICC 63), Class I Railroads are required to render to the Commission quarterly and annual summary reports of employees, service and compensation, and for that purpose this form of report is provided.

2. Form A should show the number of employees in various reporting groups, the hours in the service of the respondent and the compensation paid for such service. Employees are to be counted and classified and their service reported as required by the Rules governing the Classification of Railroad Employees and Reports of their Service and Compensation contained in Docket No. 37025.

3. Form B should include information with respect to employees in the train and engine group of the quarter to which they relate, and the annual summaries shall be filed within 45 days following the close of the period for which they are compiled.

4. The reports shall be filed in duplicate in the Surface Transportation Board, Office of Economics, ATTN: AUDIT & ACCOUNTING, Washington, DC 20423, within 30 days after the end of the quarter to which they relate. Annual summaries shall be filed within 45 days following the close of the period for which they are compiled.

5. The caption of column 3, reads 'average number of employees who received any pay during month.' This means the number of employees who made time during the month no matter for how short a period, classified by reporting division. The quarterly average shall be a simple average of the monthly figure. The annual average shall be a simple average of the quarterly figures. Employees who worked in more than one occupation during the month should be assigned according to the preponderance of their duties.

It is estimated that an average of 120 burden hours per response are required to complete this collection of information. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments concerning the accuracy of this burden estimate or suggestions for reducing this burden should directed to both the Surface Transportation Board, Information Resource Management Unit, Attn: Forms - Room 4136, Washington, DC 20423, and to the Office of Management and Budget, Office of Information and Regulatory Affairs, (OMB No. 31202-0074), Washington, DC 20503.

I, the undersigned _____(title) of the CN / _____ Company state that this report was prepared by me or under my supervision; that I have carefully examined it; and on the basis of my knowledge, belief and verification (where necessary) I declare it to be a full, true and correct statement of the operating statistics named and that the various items here reported were determined in accordance with effective rules promulgated by the Surface Transportation Board.

Annette Duffany

Name (Type or Print)

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Address

Homewood, IL 60430

City, State, Zip

Signature

October 28, 2011

Date

248-740-6572

Telephone Number