

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 268830

1. Entity Name

IFCO Systems Zellwood, Inc.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 31 PM 12:09

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6191 Jones Avenue

Suite, Apt. #, etc.

3. Mailing Address

6829 Flintlock Road

Suite, Apt. #, etc.

City & State  
Zellwood, Florida

City & State  
Houston, Texas

Zip  
32798

Country  
USA

Zip  
77040

Country  
USA

**REINSTATEMENT**

4. FEI Number  
59-1008750

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1333 North Duval St.

City  
Tallahassee

FL Zip Code  
32303

8. 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 Gayle Wendle asst sec

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

12-30-02  
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary and Sole Director Gayle Dalicandro 2300 West 13th St, Chicago, IL 60608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Mike Hachtman 6829 Flintlock Road, Houston, TX 77040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	800010132858 01/15/03--01056--006 **520.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gayle Dalicandro Gayle Dalicandro, President

Signature and typed or printed name of signing officer or director

12/27/02

Date

713-276-

5273

Daytime Phone #

CR2E034B (12/01)

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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City & State <b>Zellwood, Florida</b>		City & State <b>Houston, Texas</b>	
Zip <b>32798</b>	Country <b>USA</b>	Zip <b>77040</b>	Country <b>USA</b>

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4. FEI Number <b>59-1008750</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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Name **Capitol Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
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City **Tallahassee**      FL      Zip Code **32303**

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SIGNATURE *Gayle Wendle* *asst sec*      DATE 12-30-02

Signature typed or printed name of registered agent and title if applicable.      (NOTE: Registered agent signature required upon reinstating)

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11. OFFICERS AND DIRECTORS			
TITLE	President, Secretary and Sole Director	TITLE	
NAME	Gayle Dalicandro	NAME	
STREET ADDRESS	2300 West 13th St, Chicago, IL 60608	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	Vice President	TITLE	
NAME	Mike Hachtman	NAME	
STREET ADDRESS	6829 Flintlock Road, Houston, TX 77040	STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

DO NOT WRITE  
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gayle Dalicandro*      Gayle Dalicandro, President      DATE: 12/27/02      DAYTIME PHONE: 713-276-5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)