

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **480433** (2)

1. Corporation Name

GATX FREIGHT SYSTEMS, INC.

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4301 GULF LIFE DR
STE-1800
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLA
STE-1200
JACKSONVILLE FL 32207
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1975** 3a. Date of Last Report **06/22/1994**

4. FBI Number **59-1602627** Applied For Not Applicable

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

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

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

2. Principal Place of Business

21 **1301 RIVERPLACE BLVD.**

2a. Mailing Address

26 **1301 RIVERPLACE BLVD.**

Suite, Apt #, etc.

22 **SUITE 1200**

Suite, Apt. #, etc.

27 **SUITE 1200**

City & State

23 **JACKSONVILLE, FL**

City & State

28 **JACKSONVILLE, FL**

Zip

24 **32207**

Country

25 **USA**

Zip

29 **32207**

Country

30 **USA**

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(FBI Registered Agent selection required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELSTON, WILLIAM S.
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	MATSON, J. M.
STREET ADDRESS	1301 GULF LIFE DR., STE-1800
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	GARDNER, MICHAEL
STREET ADDRESS	1301 GULF LIFE DR., #1800
CITY ST ZIP	JACKSONVILLE FL
TITLE	MOORE, DAN
NAME	MOORE, DAN
STREET ADDRESS	1301 GULF LIFE DR., #1800
CITY ST ZIP	JACKSONVILLE FL
TITLE	T
NAME	DUNN, E. P
STREET ADDRESS	420 RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	LEWEN, PAUL A.
NAME	LEWEN, PAUL A.
STREET ADDRESS	120 S RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	JOSEPH A. NICOSIA	
3. STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
4. CITY ST ZIP	JACKSONVILLE, FL 32207	
5. TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	DANIEL D. MOORE	
7. STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
8. CITY ST ZIP	JACKSONVILLE, FL 32207	
9. TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	MICHAEL J. GARDNER	
11. STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
12. CITY ST ZIP	JACKSONVILLE, FL 32207	
13. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	JOHN D. LEVIN	
15. STREET ADDRESS	500 W. MONROE	
16. CITY ST ZIP	CHICAGO, IL 60661	
17. TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	E. PAUL DUNN	
19. STREET ADDRESS	500 W. MONROE	
20. CITY ST ZIP	CHICAGO, IL 60661	
21. TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	SANDRA K. BRANDT	
23. STREET ADDRESS	500 W. MONROE	
24. CITY ST ZIP	CHICAGO, IL 60661	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information presented on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel D. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Daniel D. Moore

4/28/95

(904) 396-2517