

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**Mar 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 480433 (2)
1. Corporation Name
GATX FREIGHT SYSTEMS, INC.



Principal Place of Business: **1301 RIVERPLACE BLVD, 1200 JACKSONVILLE FL 32207 US**
Mailing Address: **1301 RIVERPLACE BLVD, 1200 JACKSONVILLE FL 32207-8023 US**

3. Date Incorporated or Qualified: **07/03/1975**
3a. Date of Last Report: **02/27/1996**
4. FEI Number: **59-1602627**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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)
83
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: _____ DATE: _____
NOTE: Registered Agent signature required when reinstating.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NICOSIA, JOSEPH A | 1.2 NAME | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD SUITE 1200 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VSD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOOR, DANIEL D | 2.2 NAME | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD SUITE 1200 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARDNER, MICHAEL | 3.2 NAME | |
| STREET ADDRESS | 1301 RIVERPLACE BLVD SUITE 1200 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 3.4 CITY - ST - ZIP | |
| TITLE | AS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, JOHN D. | 4.2 NAME | |
| STREET ADDRESS | 500 W MONROE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 4.4 CITY - ST - ZIP | |
| TITLE | T | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEY, BRIAN A. | 5.2 NAME | |
| STREET ADDRESS | 500 W MONROE | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 5.4 CITY - ST - ZIP | |
| TITLE | AT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRANDT, SANDRA K. | 6.2 NAME | |
| STREET ADDRESS | 500 W MONROE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 6.4 CITY - ST - ZIP | |

14. I do 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 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: Michael J. Gardner 2/20/97 (904) 396-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, the Phone #

CR2E034 (9/96)