

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F03356** (5)
1. Corporation Name:
GATX LOGISTICS, INC.

Principal Place of Business Mailing Address
1800 GULF LIFE TOWER JACKSONVILLE FL 32207 **1800 GULF LIFE TOWER JACKSONVILLE FL 32207**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/27/1980** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-2042072** 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 2a. Mailing Address
21 **1301 Riverplace Blvd.** 26 **1301 Riverplace Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 1200** 27 **Suite 1200**
City & State City & State
23 **Jacksonville, FL** 28 **Jacksonville, FL**
Zip Country Zip Country
24 **32207** 25 **USA** 29 **32207** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, DANIEL D
1301 GULF LIFE DRIVE
SUITE 1200
JACKSONVILLE FL 32207

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd.
83 **Suite 1200**
84 City **Jacksonville** FL 85 Zip Code **32207**

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	POWERS, WARREN P
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	GLASSER, JAMES J.
STREET ADDRESS	120 S. RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	D
NAME	CHLEBOWSKI, JOHN F.
STREET ADDRESS	120 S. RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	PD
NAME	ELSTON, WILLIAMS, S
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	MATSON, J. M
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	DV
NAME	HEINEN, PAUL, A
STREET ADDRESS	120 RIVERSIDE PLAZA S.
CITY ST ZIP	CHICAGO IL

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOSEPH A. NICOSIA	
13 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200	
14 CITY - ST - ZIP	Jacksonville, FL 32207	
21 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	JAMES J. GLASSER	
23 STREET ADDRESS	500 W. MONROE ST.	
24 CITY - ST - ZIP	Chicago, IL 60661	
31 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DANIEL D. MOORE	
33 STREET ADDRESS	1301 Riverplace Blvd., Ste. 1200	
34 CITY - ST - ZIP	Jacksonville, FL 32207	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	E. PAUL DUNN	
43 STREET ADDRESS	500 W. MONROE	
44 CITY - ST - ZIP	CHICAGO, IL 60661	
51 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MICHAEL J. GARDNER	
53 STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1200	
54 CITY - ST - ZIP	JACKSONVILLE, FL 32207	
61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DAVID M. EDWARDS	
63 STREET ADDRESS	500 W. MONROE	
64 CITY - ST - ZIP	CHICAGO, IL	

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)(k), 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:

Signature and Title on Print of Name of Existing Officer or Director

Daniel D. Moore

4/28/95

(Date)

(904) 396-2517

(Telephone Number)