

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

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



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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country

3. Date Incorporated or Qualified: **10/27/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2042072**
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

9. Name and Address of Current Registered Agent: **MOORE, DANIEL D 1301 RIVERPLACE BLVD SUITE 1800 JACKSONVILLE FL 32207**
10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input checked="" type="checkbox"/> DELETE	1 1 TITLE: P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: POWERS, WARREN P		12 NAME: Joseph A. Nicosia	
STREET ADDRESS: 1800 GULF LIFE TOWER		13 STREET ADDRESS: 1301 Riverplace Blvd. #1800	
CITY-STATE-ZIP: JACKSONVILLE FL		14 CITY-STATE-ZIP: Jacksonville, FL 32207	
TITLE: D	<input checked="" type="checkbox"/> DELETE	2 1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GLASSER, JAMES J.		22 NAME: Brian A. Kenney	
STREET ADDRESS: 120 S. RIVERSIDE PLAZA		23 STREET ADDRESS: 500 West Monroe	
CITY-STATE-ZIP: CHICAGO IL		24 CITY-STATE-ZIP: Chicago IL 60661	
TITLE: VSD	<input type="checkbox"/> DELETE	3 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MOORE, DANIEL J.		32 NAME:	
STREET ADDRESS: 1301 RIVERPLACE BLVD SUITE		33 STREET ADDRESS:	
CITY-STATE-ZIP: CHICAGO IL		34 CITY-STATE-ZIP:	
TITLE: VSD	<input checked="" type="checkbox"/> DELETE	4 1 TITLE: AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MOORE, DANIEL D		42 NAME: Sandra K. Brandt	
STREET ADDRESS: 1800 GULF LIFE TOWER		43 STREET ADDRESS: 500 West Monroe	
CITY-STATE-ZIP: JACKSONVILLE FL		44 CITY-STATE-ZIP: Chicago IL 60661	
TITLE: D	<input type="checkbox"/> DELETE	5 1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GARDNER, MICHAEL J		52 NAME:	
STREET ADDRESS: 1301 RIVERPLACE BLVD SUITE 1200		53 STREET ADDRESS:	
CITY-STATE-ZIP: JACKSONVILLE FL		54 CITY-STATE-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6 1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EDWARDS, DAVID M		62 NAME: John D. Levin	
STREET ADDRESS: 500 W MONROE		63 STREET ADDRESS: 500 West Monroe	
CITY-STATE-ZIP: CHICAGO FL		64 CITY-STATE-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 119.07(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 it changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/22/96 (901) 296 05 17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)