

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90279 013 ***150.00

0035360

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F03356

1. Corporation Name
GATX LOGISTICS, INC.



Principal Place of Business 1301 RIVERPLACE BLVD 1200 JACKSONVILLE FL 32207 US	Mailing Address 1301 RIVERPLACE BLVD SUITE 1200 C/O PATRICK MURPHY JACKSONVILLE FL 32207 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	30

3. Date Incorporated or Qualified 10/27/1980	
4. FEI Number 59-2042072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

MURPHY, PATRICK J
 1301 RIVERPLACE BLVD SUITE 1200
 SUITE 1800
 JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name	PRENTICE-HALL Corp. SYSTEM, INC.		
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAYS STREET		
83 Suite	SUITE 105		
84 City	FL	85 Zip Code	32301

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICOSIA, JOSEPH A.	
STREET ADDRESS	1301 RIVERPLACE BLVD, #1200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KENNEY, BRIAN A.	
STREET ADDRESS	500 W MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GARDNER, MICHAEL J	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LEVIN, JOHN D.	
STREET ADDRESS	500 W MONROE	
CITY-ST-ZIP	CHICAGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KENNEY, BRIAN A.
2.3 STREET ADDRESS	500 W. MONROE
2.4 CITY-ST-ZIP	Chicago, IL 60661
3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas W. Reedy
3.3 STREET ADDRESS	500 W. MONROE
3.4 CITY-ST-ZIP	Chicago, IL 60661
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ 4/26/99 _____ 904-396-2517 _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/1/98)