## F03356



ACCOUNT NO.

072100000032

REFERENCE

332510

4353950

AUTHORIZATION

COST LIMIT \$ 35.00

ORDER DATE : August 5, 1999

ORDER TIME :

9:40 AM

ORDER NO. : 332510

CUSTOMER NO:

4353950

CUSTOMER: Ms. Lisa Ibarra

Gatx Corporation

200002953772--

500 West Monroe St.

Chicago, IL 606613676

## CHANGE OF AGENT

GATX LOGISTICS, INC.

RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

\* CCOULLIETTE AUG 0 9 1988

CONTACT PERSON: Angie Glisar

## , STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organized under the laws of the State of _FLORIDA submits the following statement in order to change its registered office or registered agent, of the State of Florida.	r both, in
1. The name of the corporation is: GATX LOGISTICS, INC.	
2. The mailing address of the corporation is: _c/o Patrick J. Murphy, 1301 Riverplace	
Blvd., Suite 1200, Jacksonville, FL 32207	
3. Date of incorporation/qualification: 10/27/80 Document number: F03356	S. 39
4. The name and address of the current registered agent and office:	
Patrick J. Murphy	
1301 Riverplace Blvd, Suite 1200	SEE B
Jacksonville, FL 32207	PST
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	OF STATE
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office of its ragent, as changed, will be identical.	egistered
Such change was authorized/by resolution duly adopted by its board of directors or by an off	icer so
authorized by the board.	
(Signature of an office), chairman or vice chairmen of the board)  (Date)	
Onn Levin, Secretary (Printed or typed name add title)	- -
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capaci I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dities, and I am familiar with and accept the obligation of my position as registered agent.	ty.
By: (Signature of Registered Age)ti) (Date)	
If signing on behalf of the entity: DUR Zeniec USST. Seca.	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	

CR2EO45(7/97)

DIVISION OF CORPORATIONS

P. O. Box 6327

TALLAHASSEE, FL 32314