

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L10687 (6)**
1. Corporation Name
GATX LOGISTICS PROPERTIES, INC.

Principal Place of Business Mailing Address
~~C/O EDWARD T. CHAFFELL~~ ~~C/O EDWARD T. CHAFFELL~~
1800 GULF LIFE TOWER 1800 GULF LIFE TOWER
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/22/1989** 3a. Date of Last Report **04/13/1994**

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**

4. FEI Number **59-2966786** 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

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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELSTON, WILLIAM S
STREET ADDRESS	1800 GULF LIFE TOWER
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	T
NAME	DUNN, E. PAUL JR
STREET ADDRESS	120 RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	MATSON, J. M
STREET ADDRESS	1800 GULF LIFE TOWER
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	PD
NAME	FIDGEON, RICHARD C.
STREET ADDRESS	1800 GULF LIFE TOWER
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	HEINEN, PAUL A.
STREET ADDRESS	120 S RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	MOORE, DANIEL D
STREET ADDRESS	1800 GULF LIFE TOWER
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MICHAEL J. GARDNER
13 STREET ADDRESS	1301 RIVERPLACE BLVD, SUITE 1200
14 CITY - ST - ZIP	JACKSONVILLE, FL 32207
21 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	E PAUL DUNN JR.
23 STREET ADDRESS	500 W. MONROE
24 CITY - ST - ZIP	CHICAGO, IL 60661
31 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	JOHN D. LEVIN
33 STREET ADDRESS	500 W. MONROE
34 CITY - ST - ZIP	CHICAGO, IL 60661
41 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JOSEPH A. NICOSIA
43 STREET ADDRESS	1301 RIVERPLACE BLVD, STE. 1200
44 CITY - ST - ZIP	JACKSONVILLE, FL 32207
51 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SANDRA K. BRANDT
53 STREET ADDRESS	500 W. MONROE
54 CITY - ST - ZIP	CHICAGO, IL 60661
61 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DANIEL D. MOORE
63 STREET ADDRESS	1301 RIVERPLACE BLVD, STE 1200
64 CITY - ST - ZIP	JACKSONVILLE, FL 32207

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)(b), 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 or in an attached form in an attachment with an address.

SIGNATURE: Daniel D. Moore 4/28/95 (904) 396-2517
DATE: _____ OFFICE: _____