

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L10687 (6)**

1. Corporation Name

GATX LOGISTICS PROPERTIES, INC.



Principal Place of Business

1301 RIVERPLACE BLVD
1200
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD
1200
JACKSONVILLE FL 32207
US

c/o Patrick J. Murphy

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified

08/22/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2966786

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

SIGNATURE

Signature typed or printed name of the individual signing agent

Name of Registered Agent signed and dated by the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDNER, MICHAEL J	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUNN, E. PAUL JR	
STREET ADDRESS	500 W MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVIN, JOHN D	
STREET ADDRESS	500 W MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	NICOSIA, JOSEPH A	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BRANDT, SANDRA K	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOORE, DANIEL D	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200	
CITY-ST-ZIP	JACKSONVILLE FL	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	T Brian Kenny
7. STREET ADDRESS	500 W. Monroe
8. CITY-ST-ZIP	Chicago, IL 60661
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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(5)(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. (See attachment with an address.)

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Director Title #

CR2E034 (12/95)