

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

FILED  
Mar 04 1997 8:00am  
Secretary of State



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

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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



Principal Place of Business: **1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US**  
Mailing Address: **C/O PATRICK J. MURPHY  
1301 RIVERPLACE BLVD #1200  
JACKSONVILLE FL 32207-8023  
US**

3. Date Incorporated or Qualified: **08/22/1989**  
3a. Date of Last Report: **05/01/1996**  
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

2. Principal Place of Business: [21] Suite, Apt. #, etc.: [22] City & State: [23] Zip: [24] Country: [25]  
2a. Mailing Address: [26] Suite, Apt. #, etc.: [27] City & State: [28] Zip: [29] Country: [30]

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 reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 do 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.

SIGNATURE: *Michael J. Gardner* 3/20/97 (904) 396-2517  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)