FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844319** **(4)**

1. Corporation Name

INTERMODAL TRANSPORTATION SERVICES, INC.

Principal Place of Business

9 CAMPUS DRIVE
PARSIPPANY NJ 07054
US

Mailing Address

LINDEN PLAZA 9 CAMPUS DR
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/09/1979

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 13-2991379 — Applied For / Not Applicable

Suite, Apt. #, etc. — 22 / Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23 / City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	HOPKINS, R. HOWARD	1.2 NAME		
STREET ADDRESS	9 CAMPUS DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 00000	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, ROBERT L.	2.2 NAME		
STREET ADDRESS	9 CAMPUS DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY, NJ 00000	2.4 CITY-ST-ZIP		
TITLE	~~D~~	3.1 TITLE	Warren E. Coupland	☒ Change ☐ Addition
NAME	~~SIMON, RICHARD~~	3.2 NAME	1540 Morgan Lane	
STREET ADDRESS	~~9 CAMPUS DR~~	3.3 STREET ADDRESS	Wayne, PA. 19087	
CITY-ST-ZIP	~~PARSIPPANY, NJ 00000~~	3.4 CITY-ST-ZIP		
TITLE	CEO	4.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, E MATTHEW	4.2 NAME		
STREET ADDRESS	9 CAMPUS DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ	4.4 CITY-ST-ZIP		
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	DARDEN, J. F.	5.2 NAME		
STREET ADDRESS	9 CAMPUS DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	PARSIPPANY NJ	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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(3)(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) or on an attachment with an address.

SIGNATURE: _____ 5/11/95 201-993-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394427 FP