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FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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 07054-2708

3. Date Incorporated or Qualified 10/09/1979
3a. Date of Last Report 05/01/1996

2. Principal Place of Business
21 State, Apt #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 P.O. Box 314
Suite, Apt. #, etc.
27 Suite 7
28 ParsIPPany, NJ
29 07054-0314 30 US

4. FEI Number 13-2991379
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD NAME HOPKINS, R. HOWARD STREET ADDRESS 9 CAMPUS DR CITY-ST-ZIP PARSIPPANY, NJ 00000	<input type="checkbox"/> DELETE	1.1 TITLE SECRETARY 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME WHITE, ROBERT L. STREET ADDRESS 9 CAMPUS DR CITY-ST-ZIP PARSIPPANY, NJ 00000	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CZURA, ANTHONY M STREET ADDRESS 175 COMMANCHE DR. CITY-ST-ZIP OCEANPORT NJ	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 9 Campus Drive ParsIPPany, NJ 07054	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CEO NAME MARKS, E MATTHEW STREET ADDRESS 9 CAMPUS DR CITY-ST-ZIP PARSIPPANY NJ	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DARDEN, J. F. STREET ADDRESS 9 CAMPUS DR CITY-ST-ZIP PARSIPPANY NJ	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 applicable, or an attachment with an address.

SIGNATURE: *[Signature]* President 4/30/97 Date 201-993-3429 Daytime Phone # 0002239

CR2E034 (9/96)