

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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844319 (4)
 1. Corporation Name
INTERMODAL TRANSPORTATION SERVICES, INC.



Principal Place of Business 9 CAMPUS DRIVE PARSIPPANY NJ 07054 US	Mailing Address P O BOX 316 SUITE 7 PARSIPPANY NJ 07054-0316 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/09/1979	
4. FEI Number 13-2991379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOPKINS, R. HOWARD	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY, NJ 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WHITE, ROBERT L.	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY, NJ 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CZURA, ANTHONY M	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MARKS, E MATTHEW	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DARDEN, J. F.	
STREET ADDRESS	9 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	S/D MELISSA H. BIREN
1.3 STREET ADDRESS	9 CAMPUS DRIVE
1.4 CITY-ST-ZIP	PARSIPPANY, NEW JERSEY 07054-0316
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	07054-0316
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	07054-0316
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	p/ceo
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	07054-0316
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	07054-0316
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	07054-0316

14. I 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. I am attaching _____ with an address _____

SIGNATURE: _____ DATE: **4/22/98**

CR2E034 (10/97)