

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844319

1. Entity Name

INTERMODAL TRANSPORTATION SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90045 031 ***150.00

Principal Place of Business

Mailing Address

9 CAMPUS DRIVE
PARSIPPANY NJ 07054
US

P O BOX 316
SUITE 7
PARSIPPANY NJ 07054-0316
US

034460



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2991379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME S
STREET ADDRESS BIREN, MELISSA H
CITY-ST-ZIP 9 CAMPUS DR
PARSIPPANY, NJ 00000 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME V
STREET ADDRESS WHITE, ROBERT L.
CITY-ST-ZIP 9 CAMPUS DR
PARSIPPANY, NJ 00000 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS CZURA, ANTHONY M
CITY-ST-ZIP 9 CAMPUS DR
PARSIPPANY, NJ 07054

TITLE ☒ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS BERNARD C. JIP
CITY-ST-ZIP 48 BROADWAY 20TH FLOOR
NEW YORK, NY 10004

TITLE ☒ Delete
NAME PCEO
STREET ADDRESS MARKS, E-MATTHEW
CITY-ST-ZIP 9 CAMPUS DR
PARSIPPANY NJ 07054

TITLE ☒ Change ☐ Addition
NAME PCEO
STREET ADDRESS JOHN McHALE
CITY-ST-ZIP 9 CAMPUS DRIVE
PARSIPPANY, NJ 07054

TITLE ☒ Delete
NAME TD
STREET ADDRESS DARDEN, J. F.
CITY-ST-ZIP 9 CAMPUS DR
PARSIPPANY NJ 07054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN McHALE

4/10/20

(973) 993-3400