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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F03356** **(5)**

1. Corporation Name
GATX LOGISTICS, INC.

Principal Place of Business	Mailing Address
1301 RIVERPLACE BLVD 1200 JACKSONVILLE RL 32207 US	1301 RIVERPLACE BLVD 1200 JACKSONVILLE FL 32207 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1980**

2. Principal Place of Business	2a. Mailing Address
21	26 1301 Riverplace Blvd. #1200
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o Patrick Murphy
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2042072** ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MOORE, DANIEL D~~ ~~1301 RIVERPLACE BLVD~~ ~~SUITE 1800~~ ~~JACKSONVILLE FL 32207~~	81 Name: Patrick J. Murphy 82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd. Ste 1200 83 84 City: Jacksonville **FL** 85 Zip Code: 32207

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] Director of Accounting & Taxes 3/16/98
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NICOSIA, JOSEPH A.		1.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD, #1200		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KENNEY, BRIAN A.		2.2 NAME		
STREET ADDRESS	500 W MONROE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	AT	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BRANDT, SANDRA K.		3.2 NAME		
STREET ADDRESS	500 W MONROE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER, MICHAEL J		4.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200		4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	LEVIN, JOHN D.		5.2 NAME		
STREET ADDRESS	500 W MONROE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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, or on an attachment with an address.

SIGNATURE: [signature] Joseph A Nicosia 1/23/98 (904) 396-9517