


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

FILED
Apr 09 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 # F94000004764 (6)

1. Corporation Name
TERMINAL SERVICE CO., OF WASHINGTON



Principal Place of Business 1450 W. LONG LAKE ROAD TROY MI 48068	Mailing Address 1450 W. LONG LAKE ROAD TROY MI 48068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 Clairemont Avenue Suite, Apt. #, etc. 22 Suite 600 City & State 23 Decatur, GA Zip 24 30030		2a. Mailing Address 26 2100 RiverEdge Pkwy, N.W. Suite, Apt. #, etc. 27 Suite 300 City or State 28 Atlanta, GA Zip 29 30328 Country 30 U.S.A.		3. Date Incorporated or Qualified 09/14/1994	
4. FEI Number 91-0847582		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent MARTIN, SERGE G 3800 S.W. 82ND AVENUE MIAMI FL 33168				10. Name and Address of New Registered Agent			
				81 Name C T Corporation System			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
				83			
				84 City Plantation			
				85 Zip Code FL 33324			

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]* DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, RANDALL E	12 NAME	Randall E. West
STREET ADDRESS	3800 NW 82 AVE	13 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	Decatur, GA 30030
TITLE	VD <input checked="" type="checkbox"/> DELETE	21 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUSTON, EDWIN A	22 NAME	Gary Long
STREET ADDRESS	3800 N.W. 82ND AVENUE	23 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Decatur, GA 30030
TITLE	VAS <input checked="" type="checkbox"/> DELETE	31 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRON, JAMES M	32 NAME	Robert Matheson
STREET ADDRESS	3800 NW 82 AVE	33 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	Decatur, GA 30030
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMAR, BRUCE R	42 NAME	David S. Forbes
STREET ADDRESS	1450 W. LONG LAKE ROAD	43 STREET ADDRESS	160 Clairemont Ave., Ste. 510
CITY-ST-ZIP	TROY MI	44 CITY-ST-ZIP	Decatur, GA 30030
TITLE	V <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGRATH, CRAIG J	52 NAME	
STREET ADDRESS	1450 W. LONG LAKE ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	54 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTTERBAUGH, RONALD L	62 NAME	
STREET ADDRESS	1450 W. LONG LAKE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	64 CITY-ST-ZIP	

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]* **DAVID S FORBES** 3/5/98 444 370 4209

CR2E034 (10/97)