FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

FILED
Mar 04 1997 8:00 am
Secretary of State

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 32207-9023 US

3. Date Incorporated or Qualified: 10/27/1980
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MOORE, DANIEL D
1301 RIVERPLACE BLVD
SUITE 1800
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name: Prentice-Hall Corp. System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83 Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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: See attached memo
Signature, type or print 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	VSD	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, DANIEL J.		3.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRANDT, SANDRA K.		4.2 NAME		
STREET ADDRESS	500 W MONROE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	VD	☑ Change ☐ Addition
NAME	GARDNER, MICHAEL J		5.2 NAME		
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 1200		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEVIN, JOHN D.		6.2 NAME		
STREET ADDRESS	500 W MONROE		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: [signature] Michael J. Gardner 2/20/97 (904) 396-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #