

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **480433** (2)

1. Corporation Name

**GATX FREIGHT SYSTEMS, INC.**

95 MAY -1 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4301 GULF LIFE DR  
STE-1800  
JACKSONVILLE FL 32207  
US

1301 RIVERPLA  
STE-1200  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/03/1975** 3a. Date of Last Report **06/22/1994**

4. FBI Number **59-1602627** 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

2. Principal Place of Business

2a. Mailing Address

21 **1301 RIVERPLACE BLVD.**

26 **1301 RIVERPLACE BLVD.**

Suite, Apt #, etc.

Suite, Apt. #, etc.

22 **SUITE 1200**

27 **SUITE 1200**

City & State

City & State

23 **JACKSONVILLE, FL**

28 **JACKSONVILLE, FL**

Zip

Country

Zip

Country

24 **32207**

25 **USA**

29 **32207**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST  
STE. 105  
TALLAHASSEE FL 32301

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

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

(FBI Registered Agent selection required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ELSTON, WILLIAM S.
STREET ADDRESS	1800 GULF LIFE TOWER
CITY ST ZIP	JACKSONVILLE FL
TITLE	S
NAME	MATSON, J. M.
STREET ADDRESS	1301 GULF LIFE DR., STE-1800
CITY ST ZIP	JACKSONVILLE FL
TITLE	D
NAME	GARDNER, MICHAEL
STREET ADDRESS	1301 GULF LIFE DR., #1800
CITY ST ZIP	JACKSONVILLE FL
TITLE	<del>VP</del>
NAME	<del>MOORE, DAN</del>
STREET ADDRESS	<del>1301 GULF LIFE DR., #1800</del>
CITY ST ZIP	<del>JACKSONVILLE FL</del>
TITLE	T
NAME	DUNN, E. P
STREET ADDRESS	420 RIVERSIDE PLAZA
CITY ST ZIP	CHICAGO IL
TITLE	<del>VP</del>
NAME	<del>MEYER, PAUL A.</del>
STREET ADDRESS	<del>120 S RIVERSIDE PLAZA</del>
CITY ST ZIP	<del>CHICAGO IL</del>

1. TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH A. NICOSIA	
1.3 STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
1.4 CITY ST ZIP	JACKSONVILLE, FL 32207	
2.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DANIEL D. MOORE	
2.3 STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
2.4 CITY ST ZIP	JACKSONVILLE, FL 32207	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICHAEL J. GARDNER	
3.3 STREET ADDRESS	1301 RIVERPLACE BLVD., STE. 1200	
3.4 CITY ST ZIP	JACKSONVILLE, FL 32207	
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JOHN D. LEVIN	
4.3 STREET ADDRESS	500 W. MONROE	
4.4 CITY ST ZIP	CHICAGO, IL 60661	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	E. PAUL DUNN	
5.3 STREET ADDRESS	500 W. MONROE	
5.4 CITY ST ZIP	CHICAGO, IL 60661	
6.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SANDRA K. BRANDT	
6.3 STREET ADDRESS	500 W. MONROE	
6.4 CITY ST ZIP	CHICAGO, IL 60661	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information presented 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:

*Daniel D. Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Daniel D. Moore

4/28/95

(904) 396-2517