FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **844280** **(8)**

1. Corporation Name
DIVERSIFIED TRIMODAL, INC.

Principal Place of Business	Mailing Address
400 PERIMETER CENTER-TERRACES NORTH ATLANTA GA 30356	400 PERIMETER CENTER-TERRACES NORTH ATLANTA GA 30356

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/02/1979
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 55 Glenlake Parkway, NE
Suite, Apt. #, etc.
22
City & State
23 Atlanta, GA
Zip 24 30328 Country 25 US

2a. Mailing Address
26 55 Glenlake Parkway, NE
Suite, Apt. #, etc.
27
City & State
28 Atlanta, GA
Zip 29 30328 Country 30 US

4. FEI Number: 06-1007042 ☐ 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

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	11 TITLE	AT	☒ Change ☐ Addition
NAME	PICA, EUGENE A	12 NAME		
STREET ADDRESS	400 PERIMETER CENTER-TER	13 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	Atlanta, GA 30329	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	ALDEN, JOHN W.	22 NAME		
STREET ADDRESS	400 PERIMETER CENTER-TER	23 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	24 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	DT	31 TITLE	DT	☐ Change ☒ Addition
NAME	JACOBY, ED	32 NAME	Robert J. Clanin	
STREET ADDRESS	400 PERIMETER CENTER-TER	33 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	S	41 TITLE	DC	☒ Change ☐ Addition
NAME	NELSON, KENT C.	42 NAME		
STREET ADDRESS	400 PERIMETER CENTER-TER	43 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	44 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	S	51 TITLE	S	☒ Change ☐ Addition
NAME	MODEROW, JOSEPH	52 NAME		
STREET ADDRESS	400 PERIMETER CENTER-TER	53 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	Atlanta, GA 30328	
TITLE	AT	61 TITLE	AT	☐ Change ☐ Addition
NAME	AGRESTA, MAURICE M	62 NAME		
STREET ADDRESS	400 PERIMETER CENTER-TER	63 STREET ADDRESS	55 Glenlake Parkway, NE	
CITY-ST-ZIP	ATLANTA GA	64 CITY-ST-ZIP	Atlanta, GA 30328	

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 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: _____ Eugene A. Pica 4/25/95 (404) 828-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003867 CP