

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90218 029 \*\*\*150.00

**DOCUMENT # 844319**

1. Entity Name

INTERMODAL TRANSPORTATION SERVICES, Inc.

Principal Place of Business

Mailing Address

39 PLYMOUTH ST., 2ND FLOOR 42 BROADWAY 20TH FLOOR  
FAIRFIELD, CT 07054 NEW YORK, N.Y. 10004-1639

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2991379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200-S. PINE STREET  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

JOHN MCHALE  
39 PLYMOUTH ST 2ND FLOOR  
FAIRFIELD NJ 07054

TITLE NAME ☐ Delete

V. PRESIDENT  
ROBERT L. WHITE  
3153 BELINDA DR  
STERLING HTS, ME 48310

TITLE NAME ☐ Delete

R.K. BRIDWELL - SECRETARY  
291 FAIRFIELD AVE  
FAIRFIELD NJ 07054

TITLE NAME ☐ Delete

ASSISTANT TREASURER  
PETER A. ENDER  
42 BROADWAY 20TH FLOOR  
NEW YORK NY 10004-1639

TITLE NAME ☐ Delete

DIRECTOR  
BERNARD YIP  
42 BROADWAY 20TH FLOOR  
NEW YORK N.Y. 10004-1639

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY - ST - ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

Daytime Phone #