## **FILED 2002 UNIFORM BUSINESS REPORT (UBR)** May 01, 2002 8:00 am Secretary of State 844319 DOCUMENT # 1. Entity Name INTERMODAL TRANSPORTATION SERVICES, INC. 05-01-2002 91603 011 \*\*\*150.00 Mailing Address Principal Place of Business 42 BROADWAY 20TH FLOOR 39 PLYMOUTH STREET, SECOND FLOOR NEW YORK NY 10004-1639 FAIRFIELD CT 07054 3. Mailing Address 2. Principal Place of Business DO LAFAYETTE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. TAX DEPARTMENT Applied For 4. FEI Number City & State City & State 13-2991379 N.J. Not Applicable CARRENET \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required **20070** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM .... 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE NAME BRIDWELL, ROBERT L NAME 291 FAIRFIELD AVE STREET ADDRESS 3253 BELINDA DRIVE STREET ADDRESS MJ. 01004 FAIRFIELD CITY-ST-ZIP STERLING HEIGHTS MI 48310 EITY-ST-ZIP Addition Change Delete TITLE TITLE KUM BIGGAR NAME WHITE, ROBERT L NAME 39 PLYMOUTH STREET ADDRESS 3153 BELINDA DRIVE STREET ADDRESS N.J. 07oS4 FAIRFIELD CITY-ST-ZIP STERLING HEIGHTS MI 48310 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE D NAME NAME YIP - BERNARDO C ... STREET ADDRESS STREET ADDRESS 42 BROADWAY 20 FLOOR CITY-ST-ZIP NEW YORK NY 10004 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MCHALE, JOHN NAME STREET ADDRESS 39 PLYMOUTH STREET, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARSIPPANY NJ 07054 ☐ Addition Change ☐ Delete TITI E NAME NAME ENDER, PETER A STREET ADDRESS 42 BROADWAY 20TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004-1639** ☐ Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FERR ENDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: