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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 845362 (3)

1. Corporation Name

GREAT LAKES TERMINAL & TRANSPORT CORPORATION

Principal Place of Business	Mailing Address
1750 NORTH KINGSBURY AVENUE CHICAGO IL 60614	1750 NORTH KINGSBURY CHICAGO IL 60614 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-3057916 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	DEHMLOW, LOUIS H T	1.2 NAME		
STREET ADDRESS	1041 SEMINOLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	WILMETTE, IL 0	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEHMLOW, STEVEN	2.2 NAME		
STREET ADDRESS	704 WEST CHICAGO AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	HINSDALE IL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☒ Change ☐ Addition
NAME	RADCLIFF, LAURA R.	3.2 NAME	Resigned	
STREET ADDRESS	1177 ASH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA IL	3.4 CITY-ST-ZIP		
TITLE	ST	4.1 TITLE	T	☒ Change ☐ Addition
NAME	DVORAK, WILLIAM F.	4.2 NAME	John R. Wallace	
STREET ADDRESS	551 HAMILTON AVENUE	4.3 STREET ADDRESS	211 Lunor Lane	
CITY-ST-ZIP	WESTMONT IL	4.4 CITY-ST-ZIP	Schaumburg IL 60193	
TITLE	VP	5.1 TITLE		☐ Change ☐ Addition
NAME	STREIN, DAVID	5.2 NAME		
STREET ADDRESS	16124 SOUTH 85TH COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	TINLEY PARK IL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, DAVID	6.2 NAME		
STREET ADDRESS	7310 GLENEAGLE CIRCLE	6.3 STREET ADDRESS		
CITY-ST-ZIP	CRYSTAL LAKE IL	6.4 CITY-ST-ZIP		

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: Louis H. T. Dehmlow Louis H. T. Dehmlow Chairman 2/23/95 312/664-3500
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400324 FP