

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # F96000001152 (5)

1. Corporation Name
HUB CITY TERMINALS, INC.



Principal Place of Business
**1035 HAVENS CT
 DOWNERS GROVE IL 60515**

Mailing Address
**1035 HAVENS CT
 DOWNERS GROVE IL 60515-2001**

3. Date Incorporated or Qualified 03/06/1996	3a. Date of Last Report
4. FEI Number 36-2712285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address <i>C/o Hub Group, Inc.</i>
21. 333 E. Butterfield Rd Suite, Apt. #, etc.	26. 377 E. Butterfield Rd Suite, Apt. #, etc.
22. Suite 800	27. Suite 700
23. Lombard IL City & State	28. Lombard IL City & State
24. 60148 Zip	29. 60148 Zip
25. USA Country	30. USA Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL
		B5. 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDMAN, DANIEL F	1.2 NAME	Thomas L. Hardin
STREET ADDRESS	1035 HAVENS COURT	1.3 STREET ADDRESS	377 E. Butterfield Rd, Suite 700
CITY- ST- ZIP	DOWNERS GROVE IL	1.4 CITY- ST- ZIP	Lombard, IL 60148
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, DAVID P	2.2 NAME	David A. Yeager
STREET ADDRESS	377 E BUTTERFIELD ROAD	2.3 STREET ADDRESS	377 E. Butterfield Rd, Suite 700
CITY- ST- ZIP	LOMBARD IL	2.4 CITY- ST- ZIP	Lombard, IL 60148
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEAGER, PHILLIP G	3.2 NAME	Phillip C. Yeager
STREET ADDRESS	377 E BUTTERFIELD ROAD	3.3 STREET ADDRESS	377 E. Butterfield Rd, Suite 700
CITY- ST- ZIP	LOMBARD IL	3.4 CITY- ST- ZIP	Lombard, IL 60148
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Mark A. Yeager
STREET ADDRESS		4.3 STREET ADDRESS	377 E. Butterfield Rd, Suite 700
CITY- ST- ZIP		4.4 CITY- ST- ZIP	Lombard, IL 60148
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do 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 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: *Mark A. Yeager* - **Mark A. Yeager, Secretary** 4/1/97 (630) 271-3600
 SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)