



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90124 033 ***150.00

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|---|---|---|--|--|--|
| DOCUMENT # F96000003218 1. Entity Name GATX FINANCIAL CORPORATION | | | |  | |
| Principal Place of Business 500 W. MONROE STREET ATTN: TAX DEPT. 44TH FL CHICAGO, IL 60661 | | | Mailing Address 500 W. MONROE STREET ATTN: TAX DEPT. 44TH FL CHICAGO, IL 60661 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 04282005 Chg-P CR2E034 (10/03) | |
| Zip Country | | Zip Country | | 4. FEI Number 94-1661392 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301 | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS IBARRA, LISA M 500 WEST MONROE STREET CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO ZECH, RONALD H 500 WEST MONROE STREET CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS CIANCIO, RONALD J 500 WEST MONROE STREET CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT HASEK, WILLIAM J 500 WEST MONROE STREET CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP KENNEY, BRIAN A 500 WEST MONROE STREET CHICAGO, IL 60661 | <input type="checkbox"/> Delete | | | |
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| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Lisa M. Ibarra</i></u> Date: <u>5/28/05</u> (312) 621-6200 | | | | | |