## **FILED**

## Apr 12, 2000 8:00 am Secretary of State

04-12-2000 90031 012 \*\*\*150.00

## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006373

1. Entity Name

## GATX TECHNOLOGY SERVICES CORPORATION

Principal Place of Business

Mailing Address

2502 NORTH ROCKY POINT DRIVE SUITE 960

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Signature, typed or printed name of registered agent and title if applicable.

2502 NORTH ROCKY POINT DRIVE

SUITE 960

TAMPA FL 33607-4928

IAMEA EL 3300/-144	ю	(AMIA IL GOOD) 40	-20		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Coun	try	
6	. Name and Address of Cu	rrent Registered Agent			
				Name	



	DO NOT WRITE IN THIS SPACE					
	4. FEI Number 2C 4040444	Applied For				
	3074049 14 1	Not Applicable				
/	5. Certificate of Status Desired	\$8.75 Additional Fee Required				
	7. Name and Address of New Registere	Applied For Not Applicable Sertificate of Status Desired Sertificate of Not Registered Agent Applied For Not Applicable Sertificate of Status Desired Agent				
Name						
Street Add	ress.(P.O. Box.Number_is.Not.Acceptable)					

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.

	7.4.1 2.3.1			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.				
	Tax filing requirement and elects to do so.			
	(See criteria on back)			

1201 HAYS STREET TALLAHASSEE FL 32301

SIGNATURE

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
ke Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Zip Code

FL

(000 01101	la 611,545N)	make check i ayabic	to pobaranon	<u> </u>		
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCEO	. Delete	TITLE	PCEO	[⊡-Change	Addition
NAME	HARLING, CAL C		NAME	Edwin R. Mihm		
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 22	200	STREET ADDRESS	4 EMBARCADERO CENTE		
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY~ST-ZIP	SAN FRANCISCO CA 9	4/11	
TITLÉ	VSD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	NORD, THOMAS C		NAME			J
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 22	200	STREET ADDRESS			{
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP			
TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME -	"JENKINS-STARK, JACK		NAME	به هېپيېپې هيوند په در په باسې		
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 22	200	STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP			
TITLE	VS	Delete	TITLE		☐ Change	Addition
NAME	TINNON, RICHARD M		NAME			
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 22	200	STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP			
TITLE	VAS	Delete	TITLE		☐ Change	☐ Addition
NAME	LAFFERTY, CHARLES N		NAME			
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 23	200	STREET ADDRESS	•		į
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP		<u> </u>	
TITLE	VAT	☐ Delete	TITLE		☐ Change	Addition
NAME	CARDEW, DAVID R		NAME			
STREET ADDRESS	4 EMBARCADERO CENTER, STE. 22	200	STREET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA 94111		CITY-ST-ZIP		<del></del>	

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 DIRECTO

4.5.00

813 2897026

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avtime Phone #