

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006373

1. Corporation Name

GATX TECHNOLOGY SERVICES CORPORATION

Principal Place of Business

2502 NORTH ROCKY POINT DRIVE
SUITE 960
TAMPA FL 33607-1448

Mailing Address

~~2502 NORTH ROCKY POINT DRIVE~~
~~SUITE 960~~
~~TAMPA FL 33607-1448~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

S
c/o GATX CAPITAL TAX DEPT
4 EMBARCADERO CTR #2200
SAN FRANCISCO, CA
94111 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/1998

5. FEI Number

36-4049141

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	MIHM, EDWIN R TOM MCGREAL	4 EMBARCADERO CENTER, STE. 2200 2502 N. ROCKY POINT Rd	SAN FRANCISCO CA 94111 TAMPA, FL. 33607
VSGC	NORD, THOMAS C	4 EMBARCADERO CENTER, STE. 2200	SAN FRANCISCO CA 94111
VCEO SVP	GLENN, CURT F	4 EMBARCADERO CTR #2200	SAN FRANCISCO CA 94111
VPT	TINNON, RICHARD M	4 EMBARCADERO CENTER, STE. 2200	SAN FRANCISCO CA 94111
VAS VP	LAFFERTY, CHARLES T SCOTT SPICER	4 EMBARCADERO CENTER, STE. 2200	SAN FRANCISCO CA 94111
VAF CFO	GARDEW, DAVID R ISABELLE RYAN	4 EMBARCADERO CENTER, STE. 2200 2502 N. ROCKY POINT DR	SAN FRANCISCO CA 94111 TAMPA, FL 33607

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Brian Courtney
Asst. V. Pres.

Date

10/29/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS C. NORD 11/1/02 4159553340
Date Daytime Phone #



GATX TECHNOLOGY SERVICES CORP
DOCUMENT # F98 00000 6373

November 1, 2002

Florida Dept of State
Division of Corporations
P. O. BOX 6327
Tallahassee, FL. 32314

RE: APPLICATION FOR REINSTATEMENT, REQUEST WAIVER OF FEE

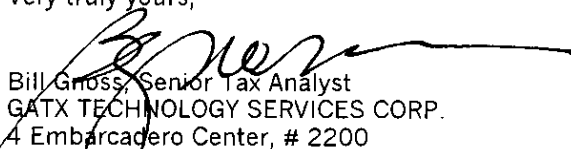
To Whom It May Concern:

Enclosed please find our executed Application for Reinstatement of above entity along with \$150 filing fee.

We respectfully request waiver of the \$600 reinstatement fee as we did not receive the reporting form in order to file the report timely.

Hoping you will kindly waive the fee, I remain,

Very truly yours,


Bill Gross, Senior Tax Analyst
GATX TECHNOLOGY SERVICES CORP.
4 Embarcadero Center, # 2200
San Francisco, CA. 94111
1-800-227-4289 x 3340
(415) 955-3340 Phone
(415) 955-3444 Fax
bgross@gatxcapital.com