

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90080 037 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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| <b>DOCUMENT # F98000006373</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           |                                                        |                                                                                                                                                                           |
| 1. Entity Name<br><b>GATX TECHNOLOGY SERVICES CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                           |
| Principal Place of Business<br><b>FOUR EMBARCADERO<br/>STE 2200<br/>SAN FRANCISCO, CA 94111</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | Mailing Address<br><b>FOUR EMBARCADERO<br/>STE 2200 TAX DEPT<br/>SAN FRANCISCO, CA 94111 US</b>                                         |                                                                                                                                                                           |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | 3. Mailing Address                                                                                                                      |                                                                                                                                                                           |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                                                           |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | City & State                                                                                                                            |                                                                                                                                                                           |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                                   | Zip                                                                                                                                     | Country                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | 01252005 Chg-P CR2E034 (10/03)                                                                                                          |                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | 4. FEI Number<br><b>36-4049141</b>                                                                                                      |                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | Applied For<br>Not Applicable                                                                                                           |                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                           | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                         |                                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                           | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                           |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                           | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                     |                                                                                                                                                                           |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                   |                                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PCEO<br>MCGREAL, TOM<br>2502 NORTH ROCKY POINT DRIVE<br>TAMPA, FL 336071448 <input checked="" type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | President/CFO<br>Curt F. Glenn<br>4 Embarcadero Ctr #2200<br>San Francisco, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | S<br>IRVINE, IAN<br>4 EMBARCADERO CENTER, STE. 2200<br>SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VP/Genl Counsel/Secretary<br>Ronald J. Ciancio<br>500 W. Monroe<br>Chicago, IL 60661 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SVP<br>GLENN, CURT F<br>4 EMBARCADERO CTR #2200<br>SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VP/Assistant Secretary<br>Ian Irvine<br>4 Embarcadero Ctr #2200<br>San Francisco, CA 94111 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VPT<br>HASEK, WILLIAM<br>500 WEST MONROE<br>CHICAGO, IL 60661 <input type="checkbox"/> Delete                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CFO<br>RYAN, ISABELLE<br>2502 NORTH ROCKY POINT DRIVE<br>TAMPA, FL 33607 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | AS<br>BROWN, JOHN S<br>4 EMBARCADERO CTR #2200<br>SAN FRANCISCO, CA 94111 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | Assistant Secretary<br>Gregg M. Walker<br>4 Embarcadero Ctr #2200<br>San Francisco, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 filings empowered. |                                                                                                                           |                                                                                                                                         |                                                                                                                                                                           |
| SIGNATURE: <i>Barry D. Dinkels</i><br>Director, Domestic Taxes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                           | Date: <i>4/5/05</i> 3310<br>Daytime Phone #                                                                                             |                                                                                                                                                                           |

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                | Country                                                                      |                                                                                                                     | Zip                                                                                                               |  |
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| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                              |                                                                                                                     |                                                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>IRVINE, IAN<br>4 EMBARCADERO CENTER, STE. 2200<br>SAN FRANCISCO, CA 94111 | <input type="checkbox"/> Delete                                              |                                                                                                                     |                                                                                                                   |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CFO<br>RYAN, ISABELLE<br>2502 NORTH ROCKY POINT DRIVE<br>TAMPA, FL 33607       | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AS<br>BROWN, JOHN S<br>4 EMBARCADERO CTR. #2200<br>SAN FRANCISCO, CA 94111     | <input checked="" type="checkbox"/> Delete                                   |                                                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ASSIST SECTY<br>                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PCEO                                                                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                                                                     |                                                                                                                   |  |
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| SIGNATURE: <i>[Signature]</i> <b>IAN IRVINE</b> <span style="float: right;">4159553340</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                |                                                                              |                                                                                                                     |                                                                                                                   |  |