

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

FILED
Mar 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G84064 (6)
 1. Corporation Name
HUB CITY FLORIDA TERMINALS, INC.



Principal Place of Business 10199 SOUTHSIDE BLVD. SUITE 203 JACKSONVILLE FL 32256	Mailing Address 10199 SOUTHSIDE BLVD. SUITE 203 JACKSONVILLE FL 32256
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address <i>Hub Group</i>		3. Date Incorporated or Qualified 02/09/1984	
21	Suite, Apt. #, etc.	26	<i>377 E. Butterfield Rd</i>	4. FEI Number 36-3419299	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	<i>Suite 700</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	City & State	28	<i>Lombard IL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip	29	<i>60148</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Country		Country		
			<i>USA</i>		

9. Name and Address of Current Registered Agent BEILICH, PAUL D. 1491 SECOND ST. SUITE 10 SARASOTA FL 33577				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<i>David E. Asst. Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YEAGER, PHILLIP C.	1.2 NAME	<i>David C. Zellstra</i>
STREET ADDRESS	377 EAST BUTTERFIELD RD, 7 FL., STE. 700	1.3 STREET ADDRESS	<i>377 E. Butterfield Rd, Suite 700</i>
CITY-ST-ZIP	LOMBARD IL	1.4 CITY-ST-ZIP	<i>Lombard, IL 60148</i>
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAISCH, JAN A.	2.2 NAME	
STREET ADDRESS	10199 SOUTHSIDE BLVD. - SUITE 203	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDIN, THOMAS	3.2 NAME	
STREET ADDRESS	377 E. BUTTERFIELD RD, 7 FL. STE. 700	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL	3.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAISCH, ROBERT JR.	4.2 NAME	
STREET ADDRESS	10199 SOUTHSIDE BLVD. - SUITE 203	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, YEAGER P.	5.2 NAME	
STREET ADDRESS	377 E. BUTTERFIELD RD, 7 FL., STE. 700	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOMBARD IL	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 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: *David C. Zellstra* **3/9/98 (630)271-3600**

CR2E034 (10/97)