

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 018 ****50.00

DOCUMENT # M03000000663

1. Entity Name
INTERMODAL TRANSFER, LLC



Principal Place of Business
**1691 PHOENIX BLVD., SUITE 110
ATLANTA, GA 30349**

Mailing Address
**1691 PHOENIX BLVD., SUITE 110
ATLANTA, GA 30349**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182004 Chg-LLC CR2E083 (10/03)

4. FEI Number
68-0360592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLUTH, R.C. 225 W. WASHINGTON ST. CHICAGO, IL 60606 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Benjamin, Timothy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1691 Phoenix Blvd. Ste 110 Atlanta, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ross, Bobby <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1691 Phoenix Blvd. Ste 110 Atlanta, GA 30349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Webb, Robert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 225 W. Washington St. Chicago, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fischl, Kenneth <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 111 W. Jackson Blvd. Chicago, IL 60604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Timothy D. Ross
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/04 770-996-6838
Date Daytime Phone #