

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90230 043 \*\*\*150.00

DOCUMENT # M72353

1. Corporation Name  
GATX CONTRACT CARRIERS, INC.

Principal Place of Business

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

Mailing Address

1301 RIVERPLACE BLVD. #1200  
C/O PATRICK MURPHY  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1988

4. FEI Number

59-2885610

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE T ☐ DELETE  
NAME KENNY, BRIAN  
STREET ADDRESS 500 W MONROE  
CITY-ST-ZIP CHICAGO IL

TITLE DV ☐ DELETE  
NAME GARDNER, MICHAEL J  
STREET ADDRESS 1301 RIVERPLACE BLVD SUITE 1200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE  
NAME LEVIN, JOHN D  
STREET ADDRESS 500 W MONROE  
CITY-ST-ZIP CHICAGO IL

TITLE VD ☒ DELETE  
NAME SCANLIN, THOMAS R.  
STREET ADDRESS 1301 RIVERPLACE BLVD. SUITE 1200  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE PD ☐ DELETE  
NAME NICOSIA, JOSEPH A  
STREET ADDRESS 1301 RIVERPLACE BLVD #1200  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME KENNEY, BRIAN  
1.3 STREET ADDRESS 500 W. MONROE  
1.4 CITY-ST-ZIP Chicago, IL 60601

2.1 TITLE TREASURER ☐ Change ☒ Addition  
2.2 NAME THOMAS W. REEDY  
2.3 STREET ADDRESS 500 W. MONROE  
2.4 CITY-ST-ZIP Chicago, IL 60601

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

Date

904-396-2517

Daytime Phone #

CR2E034 (11/98)