

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0016898
AF

DOCUMENT # M97000000121

1. Entity Name

TRANSUS INTERMODAL, L.L.C.

00 MAY -1 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2090 JONESBORO ROAD, SE
ATLANTA GA 30315-6704

Mailing Address

2090 JONESBORO ROAD, SE
ATLANTA GA 30315-6704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2289483

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800003256428--0
-05/18/00--01007--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR WINSHIP, BLANTON C ☐ Delete
STREET ADDRESS 2090 JONESBORO ROAD, SE
CITY-ST-ZIP ATLANTA GA 30315-6704

TITLE NAME MGR PRESSLEY, JAMES Z JR. ☐ Delete
STREET ADDRESS 2090 JONESBORO ROAD, SE
CITY-ST-ZIP ATLANTA GA 30315-6704

TITLE NAME MGR MALLORY, W. NEELY III ☐ Delete
STREET ADDRESS 4294 SWINNEA ROAD
CITY-ST-ZIP MEMPHIS TN 38118

TITLE NAME MGR TRANSUS, INC. ☐ Delete
STREET ADDRESS 2090 JONESBORO ROAD, SE
CITY-ST-ZIP ATLANTA GA 30315-6704

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

4-26-00 404-624-5531

CR2E083 (9/99)