

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # M97000000121

1. Entity Name
TRANSUS INTERMODAL, L.L.C.



Principal Place of Business
112 KROG STREET
SUITE 10
ATLANTA, GA 30307 US

Mailing Address
112 KROG STREET
SUITE 10
ATLANTA, GA 30307 US



01082004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2289483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WINSHIP, BLANTON C
STREET ADDRESS	112 KROG ST STE 10
CITY - ST - ZIP	ATLANTA, GA 303072486
TITLE	MGR
NAME	PRESSLEY, JAMES Z JR.
STREET ADDRESS	112 KROG ST STE 10
CITY - ST - ZIP	ATLANTA, GA 303072486
TITLE	MGR
NAME	MALLORY, W. NEELY III
STREET ADDRESS	4294 SWINNEA ROAD
CITY - ST - ZIP	MEMPHIS, TN 38118
TITLE	MGR
NAME	TRANSUS, INC.
STREET ADDRESS	112 KROG ST STE 10
CITY - ST - ZIP	ATLANTA, GA 303072486
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/20/04-80058-023 50.00

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IN THIS SPACE**

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 Margaret M. D. Davis, Asst. Secy. of 1/9/04 404-634-5831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #