2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005
Secretary of State

DOCUMENT# P00000117500

Entity Name: INTERMODAL SUPPORT SERVICES, INC.

Current Principal Place of Business:

301 W BAY STREET
BOX 33
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

301 W BAY STREET
BOX 33
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3689120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, PAMELA C
301 W BAY STREET
BOX 33
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JOHNSON, PAMELA C	
Address:	301 W BAY STREET, BOX 33	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	COOD	( ) Delete
Name:	JOHNSON, MARVIN	
Address:	301 W BAY STREET, BOX 33	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	HEWETT, ROBERT	
Address:	114 E BAILEY ROAD J	
City-St-Zip:	NAPERVILLE, IL 60565	
Title:	D	( ) Delete
Name:	EACHO, CHARLES	
Address:	1576 NOTTHIMHAM KNOLL	
City-St-Zip:	JACKSONVILLE, FL 32223	
Title:	D	( ) Delete
Name:	JOHNSON, JENNIFER L	
Address:	301 W. BAY ST.	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA C. JOHNSON PD 01/07/2005

Electronic Signature of Signing Officer or Director — Date