## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000117500

Title:

Name:

Address:

City-St-Zip:

Entity Name: INTERMODAL SUPPORT SERVICES, INC.

FILED Jan 04, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 301 W BAY STREET 1650 PRUDENTIAL DRIVE SUITE 210 **BOX 33** JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32207 **Current Mailing Address:** New Mailing Address: 1650 PRUDENTIAL DRIVE 301 W BAY STREET SUITE 210 **BOX 33** JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32207 FEI Number: 59-3689120 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, PAMELA C JOHNSON, PAMELA C 301 W BAY STREET 1650 PRUĎENTIAL DRIVE **BOX 33** SUITE 210 JACKSONVILLE, FL 32207 US JACKSONVILLE, FL 32202 US 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: PAMELA C. JOHNSON 01/04/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition JOHNSON, PAMELA C JOHNSON, PAMELA C Name: Name: 1650 PRUDENTIAL DRIVE, SUITE 210 301 W BAY STREET, BOX 33 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32207 COOD Title: COOD (X) Change ( ) Addition Title: () Delete JOHNSON, MARVIN Name: JOHNSON, MARVIN Name: 301 W BAY STREET, BOX 33 1650 PRUDENTIAL DRIVE, SUITE 210 Address: Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition HEWETT, ROBERT Name: Name: 114 E BAILEY ROAD J Address: Address: City-St-Zip: NAPERVILLE, IL 60565 City-St-Zip: Title: () Delete Title: () Change () Addition EACHO, CHARLES Name: Name: Address: 1576 NOTTHIMHAM KNOLL Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PAMELA C. JOHNSON PD 01/04/2006

() Delete

JOHNSON, JENNIFER L

JACKSONVILLE, FL 32202

301 W. BAY ST.

() Change () Addition