FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04876** **(9)**

1. Corporation Name
GATX TERMINALS CORPORATION

Principal Place of Business	Mailing Address
500 W MONROE ST CHICAGO IL 60661-3676 US	500 W MONROE ST CHICAGO IL 60661-3676 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/04/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **36-2604966** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☒ Change ☐ Addition
NAME	~~CLAYPOOLE, ROBERT E~~	12 NAME	CHLEBOWSKI, JOHN F.	
STREET ADDRESS	500 WEST MONROE	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	ALONSO, JANICE M	22 NAME		
STREET ADDRESS	500 WEST MONROE	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
TITLE	TVP	31 TITLE		☐ Change ☐ Addition
NAME	LEE R L	32 NAME		
STREET ADDRESS	500 W MONROE ST	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	DVP	41 TITLE		☐ Change ☐ Addition
NAME	GLASSER, JAMES J	42 NAME		
STREET ADDRESS	500 WEST MONROE	43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP		
TITLE	VP	51 TITLE		☐ Change ☐ Addition
NAME	BLAKE, C. F. JR.	52 NAME		
STREET ADDRESS	500 WEST MONROE	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	~~HEINEN, PAUL A.~~	62 NAME	EDWARDS, DAVID M.	
STREET ADDRESS	500 W MONROE	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: WILLIAM M. MUCKIAN 4/20/95 (312) 621-6408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0398815 CP