

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04876 (9)

1. Corporation Name

GATX TERMINALS CORPORATION



Principal Place of Business

500 W MONROE ST
CHICAGO IL 60661-3676
US

Mailing Address

500 W MONROE ST
CHICAGO IL 60661-3676
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

24

25

29

30

3. Date Incorporated or Qualified

02/04/1985

3a. Date of Last Report

05/01/1995

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME CHLEBOWSKI, JOHN F.
STREET ADDRESS 500 WEST MONROE
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME ~~ALONSO, JANICE M~~
STREET ADDRESS 500 WEST MONROE
CITY-ST-ZIP CHICAGO IL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME DONGARRA, J.M.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TVP ☐ DELETE
NAME LEE R L
STREET ADDRESS 500 W MONROE ST
CITY-ST-ZIP CHICAGO IL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ~~DVP~~ ☐ DELETE
NAME ~~GLASSER, JAMES J~~
STREET ADDRESS 500 WEST MONROE
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D
4.3 STREET ADDRESS ZECH, R.H.
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE
NAME BLAKE, C. F. JR.
STREET ADDRESS 500 WEST MONROE
CITY-ST-ZIP CHICAGO IL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME EDWARDS, DAVID M.
STREET ADDRESS 500 W. MONROE
CITY-ST-ZIP CHICAGO IL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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

Janet M. Dogarra

JANET M. DOGARRA

4/23/96

(312) 621-6408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)