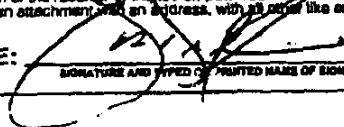


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

05-01-2006 90470 044 ***150.00

DOCUMENT # P05000076478					
1. Entity Name INTERMODAL EQUIPMENT SERVICES, INC.					
Principal Place of Business 140-80 SW 44TH STREET MIAMI, FL 33175			Mailing Address C/OSIMMS SHOWERS LLP, 20 S. CHARLES STREET SUITE 702 BALTIMORE, MD 21201		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	04272006 Chg-P CR2E034 (11/05) FEI Number 20-2918338 Applied For Not Applicable	
4. Name and Address of Current Registered Agent NRAS, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				Zip Code	
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 age if applicable. (NOTE: Registered Agent signature required when returning.) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOENCKE, KLAUS D		NAME		
STREET ADDRESS	BRANDSTWEITE 1		STREET ADDRESS		
CITY- ST- ZIP	HAMBURG, GE 20457		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCARDLE, EDWARD		NAME		
STREET ADDRESS	200 SUMMIT AVENUE		STREET ADDRESS		
CITY- ST- ZIP	SUMMIT, NJ 07801		CITY- ST- ZIP		
TITLE	SECY	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DIBLASI, JOHN		NAME		
STREET ADDRESS	140-80 SW 44TH STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33175		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			JOHN DIBLASI		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/28/66 305-4668349		