FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P23247

1. Corporation Name

HALE INTERMODAL TRUCKING COMPANY

Principal Place of Business	Mailing Address			
1801 S. CLINTON ST.	1801 S. CLINTON			
BALTIMORE MD 21224	BALTIMORE MD 2			

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90241 004 ***150.00



1801 S. CLINTON ST. BALTIMORE MD 21224 1801 S. CLINTON ST. BALTIMORE MD 21224			DO NOT WRITE IN THIS SF	ACE					
					3. Date Incorporated or Qualifed 03/02/1989				
Principal Place of Business Za. Mailing Address					4. FEI Number	LA	pplied For		
21					52-1014665		lot Applicable		
	Suite, Apt. #, etc.				5. Certifcate of Status Desired See Required Fee Required				
City & State	City & State City & State				Election Campaign Financing Trust Fund Contribution				
Zip	Country 25	Zip 30	Country		Personal Property Tax.				
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			81	Name			}		
			82	Street	eet Address (P.O. Box Number is Not Acceptable)				
PLAN	NTATION FL 33324		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	-	(NOTE: Be	sistered Ager	ut ainnature	required when reinstating) DATE				
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	it signature	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12		
TITLE	CEO	DELETE	1.1 TITLE] Change			
NAME	HALE, EDWIN F.		1.2 NAME				Ì		
STREET ADDRESS	1801 S. CLINTON ST.		1.3 STREET	ADDRESS			ŀ		
CITY-ST-ZIP	BALTIMORE MD		1.4 CITY-S				1		
TITLE	STD	☐ DELETE	2.1 TITLE			Change	☐ Addition		
NAME	LIPSITZ, HARRY E.	_	2.2 NAME						
STREET ADDRESS				ADDRESS	ş.		1		
CITY-ST-ZIP	BALTIMORE MD		2. 4 CITY-5						
TITLE	p.	☐ DELETE	3.1 TITLE] Change	Addition		
NAME	JONES, STEPHEN T.		3.2 NAME				}		
STREET ADDRESS	1801 SOUTH CLINTON ST.		3.3 STREE	ADDRESS	3				
CITY-ST-ZIP	BALTIMORE MD		3.4. CITY- S	T-ZIP					
TITLE		☐ DELETE	4.1 TITLE] Change	Addition		
NAME			4 2 NAME				}		
STREET ADDRESS			4.3 STREET	ADDRESS	3				
CITY-ST-ZIP	,		4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE] Change	Addition		
NAME			5.2 NAME				}		
STREET ADDRESS			5.3 STREE		8				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE		ļ] Change	Addition		
NAME		İ	6.2 NAME						
STREET ADDRESS			6.3 STREE		8				
CITY-ST-ZIP			6.4 CITY-S	T-ZIP					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 tostee expowered 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 any address, with all other like empowered.

SIGNATURE: