

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P28798** (7)

1. Corporation Name
GATEWAY FREIGHTLINE, INC.



Principal Place of Business: **200 CARVER LANE E. PEORIA IL 61611**
Mailing Address: **1014 VINE ST CINCINNATI OH 45202-1100 US**

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country
9. Name and Address of Current Registered Agent: 25
10. Name and Address of New Registered Agent: 30

3. Date Incorporated or Qualified: **04/06/1990**
3a. Date of Last Report: **05/31/1995**
4. FEI Number: **31-1147850**
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

CT CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324

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 607.012 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 607.0305, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ENGEL, THEODORE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 CARVER LANE	12 NAME	
STREET ADDRESS	PEORIA IL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	V HOLCOMB, ROBERT D.	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	200 CARVER LANE	22 NAME	
STREET ADDRESS	PEORIA IL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	T TURNER, LAWRENCE M.	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 VINE ST.	32 NAME	
STREET ADDRESS	CINCINNATI OH	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	SD GACK, BRUCE M	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 VINE ST.	42 NAME	
STREET ADDRESS	CINCINNATI OH	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	VD HELDMAN, PAUL W.	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 VINE ST.	52 NAME	
STREET ADDRESS	CINCINNATI OH	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	AT CASE, KENNETH E	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1014 VINE ST.	62 NAME	
STREET ADDRESS	CINCINNATI OH	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

Vice President
Paul F. Upton
200 Carver Lane
E. Peoria, IL 61611

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 119.071(2)(b), Florida Statutes. I further certify that the information presented on this annual report or Supplemental Annual Report and to each 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: *Kenneth E. Case*
Kenneth E. Case, Assistant Treasurer

4/3/96 (513) 762-4414

CR2E034 (12/95)