

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/06/1990	3a. Date of Last Report 04/09/1996
4. FEI Number 31-1147850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 8751 WEST BROWARD BLVD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, THEODORE	1.2 NAME	
STREET ADDRESS	200 CARVER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEORIA IL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPTON, PAUL F.	2.2 NAME	
STREET ADDRESS	200 CARVER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. PEORIA IL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LAWRENCE M.	3.2 NAME	
STREET ADDRESS	1014 VINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GACK, BRUCE M	4.2 NAME	
STREET ADDRESS	1014 VINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELDMAN, PAUL W.	5.2 NAME	
STREET ADDRESS	1014 VINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	ASSISTANT TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, KENNETH E	6.2 NAME	VAN OFLEN, BETH
STREET ADDRESS	1014 VINE ST.	6.3 STREET ADDRESS	1014 VINE STREET
CITY-ST-ZIP	CINCINNATI OH	6.4 CITY-ST-ZIP	CINCINNATI, OH 45202-1100

14. I do 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 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: *Beth Van Oflen* **4/24/97** **513-762-1326**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **BETH VAN OFLEN/ASST. TREAS.** DATE: _____ DAYTIME PHONE #: _____

CR2E034 (9/96)