

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

FILED

**Apr 22 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 61011**

Mailing Address
**1014 VINE ST
CINCINNATI OH 45202-1100
US**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/06/1990

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 **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: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	ENGEL, THEODORE	1.2 NAME	Don Becker
STREET ADDRESS	200 CARVER LANE	1.3 STREET ADDRESS	1014 Vine Street
CITY-ST-ZIP	PEORIA IL	1.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	VP	2.1 TITLE	AT
NAME	UPTON, PAUL F.	2.2 NAME	J. Michael Schlotman
STREET ADDRESS	200 CARVER LANE	2.3 STREET ADDRESS	1014 Vine Street
CITY-ST-ZIP	E. PEORIA IL	2.4 CITY-ST-ZIP	Cincinnati, OH
TITLE	T	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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	6.1 TITLE	
NAME	VAN OFLEN, BETH	6.2 NAME	
STREET ADDRESS	1014 VINE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 00	6.4 CITY-ST-ZIP	

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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 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*

CR2E034 (10/97)