

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P94000049633 (8)**

1. Corporation Name

**PACER INTERNATIONAL, INC.**

Principal Place of Business

**551 S.E. 8TH STREET  
STE. 600  
DELRAY BEACH FL 33483  
US**

Mailing Address

**551 S.E. 8TH STREET  
STE. 600  
DELRAY BEACH FL 33435  
US**

FILED  
May 12 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/29/1994**

4. FEI Number

**65-0517854**

Applied For

Not Applicable

6. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

8. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**DAWES, MICHAEL F  
50 N. LAURA ST., STE. 3550  
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD  
AUSTIN, BEN T III  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**EVP  
DOERR, KARL W  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**EVP  
HAUGLAND, SCOTT D.  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**EVP  
HANNAH, DAVID C.  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**S  
DILLON, GLENNA L  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**EVP  
O'DELL, RALPH M  
551 SE 8TH STREET  
DELRAY BEACH FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

**S  
MARC J ODOBINA  
551 SE 8th Street  
Delray Beach, FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Marc J Odobina - CFO**


**4/14/98**

Date

Daytime Phone # 0349310

CR2E034 (10/97)

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<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P940000496333 (8)</b> 1. Corporation Name <b>PACER International, Inc.</b>				
Principal Place of Business <b>551 SE 8th Street Suite 600 Delray Beach, FL 33483 US</b>		Mailing Address <b>551 SE 8th Street Suite 600 Delray Beach, FL 33483 US</b>		
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 <b>06/29/1994</b> 4. FEI Number <b>65-0517854</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent <b>Odrobina, Marc J 551 SE 8th Street Suite 600 Delray Beach, FL 33483</b>			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 <b>FL</b>	
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 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 15 16 TITLE 17 NAME 18 STREET ADDRESS 19 CITY-ST-ZIP 20 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 25 26 TITLE 27 NAME 28 STREET ADDRESS 29 CITY-ST-ZIP 30 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 35 36 TITLE 37 NAME 38 STREET ADDRESS 39 CITY-ST-ZIP 40				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 45 46 TITLE 47 NAME 48 STREET ADDRESS 49 CITY-ST-ZIP 50 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 55 56 TITLE 57 NAME 58 STREET ADDRESS 59 CITY-ST-ZIP 60 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP 65 66 TITLE 67 NAME 68 STREET ADDRESS 69 CITY-ST-ZIP 70				
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: <u>Marc J Odrobina</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (10/97)