

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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90095 040 ***150.00

DOCUMENT # P94000049633

1. Corporation Name

PACER INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

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

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

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 25

29 30

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

4. FEI Number

65-0517854

Applied For

Not Applicable

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME AUSTIN, BEN T III
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☒ Change ☐ Addition
D/V
BEN AUSTIN III

TITLE EVP ☐ DELETE
NAME DOERR, KARL W
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EVP ☐ DELETE
NAME HAUGLAND, SCOTT D.
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EVPG ☐ DELETE
NAME HANNAH, DAVID C.
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S ☐ DELETE
NAME DILLON, GLENNA L
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE EVP ☐ DELETE
NAME O'DELL, RALPH M
STREET ADDRESS 551 SE 8TH STREET
CITY-ST-ZIP DELRAY BEACH FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

See attached for
other changes

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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

3/9/99

Date

Daytime Phone #

CR2E034 (11/98)

Registered Agent signature required when reinstating)		DATE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL READ	
1.3 STREET ADDRESS	551 SE 8TH STREET	271607-9095-40
1.4 CITY-ST-ZIP	DELRAY BEACH, FL	PAU XXX049633
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARC J ODOBINA	
2.3 STREET ADDRESS	651 SE 8TH STREET	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

I am exempted from the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided and that my signature shall have the same legal effect as if made under oath; that I am an authorized officer or director of this corporation; that I am filing this report as required by Chapter 607, Florida Statutes; and that my name appears in the official records of the corporation as authorized to file this report.

REQUIRED

BY DIRECTOR

Date

Daytime Phone #

FLORIDA DEPARTMENT OF

PROFIT

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