

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  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90144 039 \*\*\*150.00

DOCUMENT # S61273

1. Corporation Name

GATX LOGISTICS NORPACK, INC.

Principal Place of Business

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

Mailing Address

1301 RIVERPLACE  
SUITE 1200  
JACKSONVILLE FL 32207  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/18/1991

4. FEI Number

59-3084527

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 1301 Riverplace Blvd.

Suite, Apt. #, etc.

27 Suite 1200 - 40, Patrick

City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 DP  
NAME NICOSIA, JOSEPH A  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE 1200  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE VD  
NAME GARDNER, MICHAEL J  
STREET ADDRESS 1301 RIVERPLACE BLVD. STE 1200  
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE T  
NAME KENNEY, BRIAN A.  
STREET ADDRESS 500 W MONROE STREET  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE VD  
NAME SCANLIN, THOMAS R.  
STREET ADDRESS 1301 RIVERPLACE BLVD., #1200  
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ DELETE

TITLE S  
NAME LEVIN, JOHN D.  
STREET ADDRESS 500 WEST MONROE  
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

4/23/99

Date

904-396-2517

Daytime Phone #

CR2E034 (1/98)