

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61273

1. Entity Name

GATX LOGISTICS NORPACK, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90145 001 \*\*\*150.00

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
1200  
JACKSONVILLE FL 32207  
US

1301 RIVERPLACE  
SUITE 1200 C/O PATRICK MURPHY  
JACKSONVILLE FL 32207-9029  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3084527**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME VP  
STREET ADDRESS KENNEY, BRIAN A.  
CITY-ST-ZIP 500 W MONROE STREET  
CHICAGO IL 60661

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T  
STREET ADDRESS REEDY, THOMAS  
CITY-ST-ZIP 500 W MONROE ST  
CHICAGO IL 60661

TITLE ☒ Change ☐ Addition  
NAME William J. Hasek  
STREET ADDRESS 500 W. Monroe  
CITY-ST-ZIP Chicago, IL, 60661

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VD  
STREET ADDRESS Bruce A. Wise  
CITY-ST-ZIP 1301 Riverplace Blvd #1200  
Jacksonville, FL 32207

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Paul J. Hasek*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00  
Date

904-881-4401  
Daytime Phone #