



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island, 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

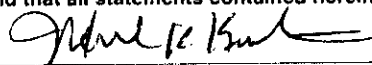
1. Entity ID No. 390836		2. Exact name of the Corporation GATX CORPORATION			
3. Principal office address 222 W. ADAMS STREET			City CHICAGO	State IL	Zip 60606
4. Business Phone No. 312-621-6200			5. State of Incorporation NY		
6. Brief description of the character of business conducted in Rhode Island EQUIPMENT LEASING					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name BRIAN A. KENNEY			Vice-President Name JAMES F. EARL		
Street Address 222 W. ADAMS STREET			Street Address 222 W. ADAMS STREET		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 60606
Secretary Name DEBORAH A. GOLDEN			Treasurer Name ERIC D. HARKNESS		
Street Address 222 W. ADAMS STREET			Street Address 222 W. ADAMS STREET		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 60606
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name BRIAN A. KENNEY			Director Name ANNE L. ARVIA		
Street Address 222 W. ADAMS STREET			Street Address 222 W. ADAMS STREET		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 60606
Director Name JAMES B. REAM			Director Name DAVID S. SUTHERLAND		
Street Address 222 W. ADAMS STREET			Street Address 222 W. ADAMS STREET		
City CHICAGO	State IL	Zip 60606	City CHICAGO	State IL	Zip 60606
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			120,000,000	COMMON	.625

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____

FILED

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 2/27/2015
 Signature of Authorized Representative Date

MICHAEL KUNSTMAN, ASSISTANT SECRETARY
 Print or Type Name of Authorized Representative

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