

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 832933

1. Entity Name

DISTRICT EQUIPMENT COMPANY

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90005 027 ***150.00

Principal Place of Business 3333 RIVERWOOD PARKWAY SUITE 400 ATLANTA GA 30339 US	Mailing Address 3333 CUMBERLAND CIRCLE 400 ATLANTA GA 30339 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address 3333 Riverwood Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 400	
City & State		City & State Atlanta, GA	
Zip	Country	Zip	Country
		30339	USA

4. FEI Number 58-1026186	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLDER, THOMAS M. 3333 CUMBERLAND CIRCLE, SUITE 400 ATLANTA GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Thomas M Holder 3333 Riverwood Parkway, Suite 400 Atlanta, GA 30339 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENDREY, J.C. JR 3333 CUMBERLAND CIRCLE, STE 400 ATLANTA GA 30339 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JC Pendrey, Jr 3333 Riverwood Parkway, Suite 400 Atlanta, GA 30339 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: JC Pendrey Date: 1-19-00 Daytime Phone #: 770-986-3000

CR2E034 (9/99)