

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 26, 1999 8:00am
Secretary of State

01-26-1999 90041 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 849923

1. Corporation Name
WILLIAMS SCOTSMAN, INC.

Principal Place of Business
8211 TOWN CENTER DR. BALTIMORE MD 21236

Mailing Address
8211 TOWN CENTER DR. BALTIMORE MD 21236



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified	Applied For
08/05/1981	Not Applicable
4. FEI Number	
52-0665775	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C GOSSETT, BARRY P	1.2 NAME	
STREET ADDRESS	400 SOUTH RIVER LANDING	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER MD	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP KEEFE, GERARD E	2.2 NAME	
STREET ADDRESS	2 SEABERRY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIMONIUM MD 21093	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P HOLTHAUS, GERARD E	3.2 NAME	
STREET ADDRESS	2802 SHADY GROVE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN MO	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DOCTOROFF, DANIEL L	4.2 NAME	
STREET ADDRESS	309 W 91ST ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10024	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S ROSS, JOHN B	5.2 NAME	
STREET ADDRESS	13619 ALLISTON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BALDWIN MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C GOSSETT, BARRY P	6.2 NAME	
STREET ADDRESS	400 SOUTH RIVER LANDING	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER MD	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: John B. Ross DATE: 1/7/99 DAYTIME PHONE #: 410-933-5926

CR2E034 (11/98)