

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 849923**

1. Entity Name

**WILLIAMS SCOTSMAN, INC.**

Principal Place of Business

Mailing Address

8211 TOWN CENTER DR.  
BALTIMORE MD 21236

8211 TOWN CENTER DR.  
BALTIMORE MD 21236-5904

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-0665775**

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 **C**  Delete  
NAME **GOSSETT, BARRY P**  
STREET ADDRESS **400 SOUTH RIVER LANDING**  
CITY-ST-ZIP **EDGEWATER MD**

TITLE **ASST TREASURER**  Change  Addition  
NAME **DENNIS REIGER**  
STREET ADDRESS **7937 HENSLOWE CRT**  
CITY-ST-ZIP **PASADENA, MD 21122**

TITLE **VP**  Delete  
NAME **KEEFE, GERARD E**  
STREET ADDRESS **2 SEABERRY CT**  
CITY-ST-ZIP **TIMONIUM MD 21093**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P**  Delete  
NAME **HOLTHAUS, GERARD E**  
STREET ADDRESS **2802 SHADY GROVE SOUT**  
CITY-ST-ZIP **BALDWIN MO**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **DOCTOROFF, DANIEL L**  
STREET ADDRESS **309 W 91ST ST**  
CITY-ST-ZIP **NEW YORK NY 10024**

TITLE  Change  Addition  
NAME **700003118057-6**  
STREET ADDRESS **-02/01/00--01055--013**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE **S**  Delete  
NAME **ROSS, JOHN B**  
STREET ADDRESS **13619 ALLISTON DRIVE**  
CITY-ST-ZIP **BALDWIN MD**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

*Dennis Reiger*  
**DENNIS REIGER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/18/00*  
Date

*410-933-5926*  
Daytime Phone #

**FILED**

00 JAN 25 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE