


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90394 026 ***150.00

DOCUMENT # 849923	
1. Entity Name WILLIAMS SCOTSMAN, INC.	

Principal Place of Business 8211 TOWN CENTER DR. BALTIMORE, MD 21236	Mailing Address 8211 TOWN CENTER DR. BALTIMORE, MD 21236
--	--

00038775



2. Principal Place of Business	3. Mailing Address P.O. BOX 986
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04082005 Chg-P CR2E034 (10/03)

City & State	City & State BALTIMORE, MD
--------------	-------------------------------

4. FEI Number 52-0665775	Applied For Not Applicable
-----------------------------	-------------------------------

Zip	Country	Zip 21203	Country
-----	---------	--------------	---------

5. Certificate of Status Desired <input type="checkbox"/>	\$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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BECKER, MAYNARD G 639 CRICKETT LANE MC SHERRYSTOWN, PA 17344 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANTLIN, JOHN C 3 CHARMARAL CT COCKEYSVILLE, MD 21030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLTHAUS, GERARD E 3129 BLENDON RD OWINGS MILLS, MD 21117 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JAMES N 135 GLORIA ST MENLO PARK, CA 94025 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JOHN B 13619 ALLISTON DRIVE BALDWIN, MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT PAPE, MARK G 1528 COTTAGE LANE BALTIMORE, MD 21286 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT BECKER 10332 CONGRESSIONAL DR. ELLCOTT CITY, MD 21042 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	4/8/2005	410-933-5926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #