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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 1:53

DOCUMENT # **F93000004468 (5)**

1. Corporation Name
ASPLUNDH RENTAL FLEET, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
103 SPRINGER BLDG. 3411 SILVERSIDE ROAD WILMINGTON DE 19810	103 SPRINGER BLDG. 3411 SILVERSIDE ROAD WILMINGTON DE 19810

3. Date Incorporated or Qualified: **10/04/1993**
3a. Date of Last Report: **02/09/1994**

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

4. FEI Number: **51-0343491** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ASPLUNDH, CHRISTOPHER B	12 NAME	
STREET ADDRESS	3700 BUCK ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	ASPLUNDH, ROBERT H	22 NAME	ASPLUNDH JR, CARL H.J.
STREET ADDRESS	2700 ALNWICK ROAD	23 STREET ADDRESS	PO BOX 148, 2670 SUGAN RD
CITY-ST-ZIP	BRYN ATHYN PA 19009	24 CITY-ST-ZIP	SOLEBURY PA 18963
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	ASPLUNDH, SCOTT M	32 NAME	
STREET ADDRESS	1222 FOREST HILL DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	LOWER GWYNEDD PA 19002	34 CITY-ST-ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	DWYER, JOSEPH P	42 NAME	
STREET ADDRESS	419 SHOEMAKER WAY	43 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE PA 19446	44 CITY-ST-ZIP	
TITLE	ASD	51 TITLE	☐ Change ☐ Addition
NAME	WARREN, GEORGE P JR.	52 NAME	
STREET ADDRESS	1407 FOX PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 19382	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DWYER, JOSEPH P	62 NAME	
STREET ADDRESS	419 SHOEMAKER WAY	63 STREET ADDRESS	
CITY-ST-ZIP	LANSDALE PA	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: X Joseph P. Dwyer 1/13/95 215 784 4200
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH P DWYER
SECRETARY TREASURER

0488841 FN