

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

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90072 016 \*\*\*150.00

US460333

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000001798**

1. Corporation Name  
**UNITED ROAD SERVICES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**8 AUTOMATION LANE 8 AUTOMATION LANE**  
**ALBANY NY 12205 ALBANY NY 12205**

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

3. Date Incorporated or Qualified  
**03/30/1998**  
 4. FEI Number Applied For  
**94-3278455** 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  
 7. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

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

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	SHEEHAN, EDWARD T	
STREET ADDRESS	8 AUTOMATION LANE	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE	DAS	<input checked="" type="checkbox"/> DELETE
NAME	BERNER, ROSS	
STREET ADDRESS	8 AUTOMATION LANE	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, MARK	
STREET ADDRESS	8 AUTOMATION LANE	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MARR, DONALD J	
STREET ADDRESS	8 AUTOMATION LANE	
CITY-ST-ZIP	ALBANY NY 12205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President & COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Allan Pass	
1.3 STREET ADDRESS	8 Automation Lane	
1.4 CITY-ST-ZIP	Albany, NY 12205	
2.1 TITLE	SVP & CAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robb Adams	
2.3 STREET ADDRESS	914 Collier Road	
2.4 CITY-ST-ZIP	Atlanta, Ga 30318	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (11/98)