## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # F9800001798** Mar 09, 2000 8:00 am Secretary of State UNITED ROAD SERVICES, INC. 03-09-2000 90029 001 \*\*\*300.00 Mailing Address Principal Place of Business **8 AUTOMATION LANE** 8 AUTOMATION LANE ALBANY NY 12205-1604 ALBANY NY 12205 2. Principal Place of Business 3. Mailing Address 17 Computer Drive West 11 Computer Drive West Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 94-3278455 Albanu Not Applicable Albanu New York **J** Country Zip \$8.75 Additional 5. Certificate of Status Desired 12205 12205 Fee Required USA USA 6. Name and Address of Current Registered Agent --7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO ☐ Change ▼ Addition Delete TITLE TITLE Gerald Riordan SHEEHAN, EDWARD T NAME NAME STREET ADDRESS 108 Glenmoor Drive STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP CITY-ST-ZIP Denver CO 80110 **ALBANY NY 12205** ☐ Change ☐ Addition ☐ Delete TITLE TITLE PASS, ALLAN NAME NAME STREET ADDRESS STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP CITY-ST-ZIP ALBANY NY 12205 --- Change - - - Addition TITLE - Delete TITLE ADAMS, ROBB NAME STREET ADDRESS STREET ADDRESS 914 COLLIER ROAD CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30318 Change ☐ Addition **VCFO** ☐ Delete TITLE TITLE NAME MARR, DONALD J NAME STREET ADDRESS STREET ADDRESS **8 AUTOMATION LANE** CITY-ST-ZIP CITY-ST-7IP ALBANY NY 12205 Addition TITLE ☐ Change .... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete BILLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 receiper 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 attach with an address, with all-other like empowered.

Date

Daytime Phone #