

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90110 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P14261

1. Corporation Name
AGGREKO, INC.



Principal Place of Business 4607 W. ADMIRAL DOYLE DRIVE NEW IBERIA LA 70560	Mailing Address 4607 W. ADMIRAL DOYLE DRIVE NEW IBERIA LA 70560
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 05/01/1987	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 72-0692213	
City & State 23		City & State 28		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 607.0501 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HARROWER, PHILLIP	1.2 NAME	
STREET ADDRESS	4607 W. ADMIRAL DOYLE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW IBERIA LA 70560	1.4 CITY-ST-ZIP	
TITLE	EVP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, GEORGE	2.2 NAME	
STREET ADDRESS	3732 MAGNOLIA ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEARLAND TX	2.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LADT, C. ANTHONY	3.2 NAME	
STREET ADDRESS	4607 W. ADMIRAL DOYLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW IBERIA LA 70560	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DRESSEL JR, TERREL	4.2 NAME	
STREET ADDRESS	4607 W ADMIRAL DOYLE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW IBERIA LA	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 #

4/19/99

(318) 367-7904

CR2E034 (11/98)