

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90019 014 ***150.00

DOCUMENT # P14261

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **72-0692213**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **HARROWER, PHILLIP**
 STREET ADDRESS **4607 W. ADMIRAL DOYLE DRIVE**
 CITY-ST-ZIP **NEW IBERIA LA 70560**

TITLE **President** ☒ Change ☐ Addition
 NAME **George Walker**
 STREET ADDRESS **4607 W. Admiral Doyle Dr.**
 CITY-ST-ZIP **New Iberia, LA 70560**

TITLE **EVP** ☒ Delete
 NAME **WALKER, GEORGE**
 STREET ADDRESS **12000 AEROSPACE AVE**
 CITY-ST-ZIP **HOUSTON TX 77034**

TITLE **Vice President - Regional Operations** ☒ Change ☐ Addition
 NAME **Terrel Dressel, Jr.**
 STREET ADDRESS **4607 W. Admiral Doyle Dr.**
 CITY-ST-ZIP **New Iberia, LA 70560**

TITLE **VP** ☐ Delete
 NAME **DRESSEL JR, TERREL**
 STREET ADDRESS **4607 W ADMIRAL DOYLE DR**
 CITY-ST-ZIP **NEW IBERIA LA**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **CONRAD, MARK**
 STREET ADDRESS **12000 AEROSPACE AVE**
 CITY-ST-ZIP **HOUSTON TX 77034**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **MOORE, GREG**
 STREET ADDRESS **4607 W ADMIRAL DOYLE DR**
 CITY-ST-ZIP **NEW IBERIA LA 70560**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **YORKE, DAVID**
 STREET ADDRESS **121 W REGENT ST**
 CITY-ST-ZIP **GLASGOW, UK G225D**

TITLE **Director** ☒ Change ☐ Addition
 NAME **Stuart Paterson**
 STREET ADDRESS **121 West Regent Street**
 CITY-ST-ZIP **Glasgow, G2 2SD United Kingdom**

13. 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terrel Dressel Jr.

4-24-2001

Date

337-367-7884

Daytime Phone #

CR2E034 (10/00)