

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000000564

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**2241432361CC**

**Entity Name:** H&E EQUIPMENT SERVICES, INC.

**Current Principal Place of Business:**

7500 PECUE LANE  
BATON ROUGE, LA 70809

**Current Mailing Address:**

7500 PECUE LANE  
BATON ROUGE, LA 70809 US

**FEI Number:** 81-0553291

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BAGLEY, GARY W  
Address P O BOX 750207  
City-State-Zip: TORREY UT 84775

Title PRESIDENT, CEO  
Name BARBER, BRADLEY W  
Address 7500 PECUE LANE  
City-State-Zip: BATON ROUGE LA 70809

Title EXECUTIVE CHAIRMAN OF BOARD OF DIRECTORS  
Name ENGQUIST, JOHN M  
Address 7500 PECUE LANE  
City-State-Zip: BATON ROUGE LA 70809

Title SECRETARY, CFO  
Name MAGEE, LESLIE S  
Address 7500 PECUE LANE  
City-State-Zip: BATON ROUGE LA 70809

Title DIRECTOR  
Name ARNOLD, PAUL N  
Address 619 E 10TH AVE  
City-State-Zip: COVINGTON LA 70433

Title DIRECTOR  
Name BRUCKMANN, BRUCE C  
Address 126 EAST 56TH STREET 29TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name EDELL, PATRICK L  
Address 104 VICTORY DRIVE  
City-State-Zip: JUPITER FL 33477

Title DIRECTOR  
Name GALLIGAN, THOMAS J III  
Address 12 ROUND HILL ROAD  
City-State-Zip: WESTON MA 02493

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE MAGEE

**SECRETARY/CFO**

**03/29/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           KARLSON, LAWRENCE C  
Address        2401 CASAS DE MARBELLA DR  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title           DIRECTOR  
Name           SAWYER, JOHN T  
Address        25501 SADDLE ROCK PLACE  
City-State-Zip: LAGUNA HILLS CA 92653