

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2017
Secretary of State
CC6639087443

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

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

Title CEO, DIRECTOR
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

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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 S. MAGEE

**CFO/CORPORATE
SECRETARY**

04/28/2017

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