

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

FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **457875** (3)

1. Corporation Name
GENERAL RENTAL CO., INC.



Principal Place of Business 1000 STANLEY DRIVE NEW BRITAIN CT 06053 US	Mailing Address 1000 STANLEY DRIVE NEW BRITAIN CT 06053-1675 US
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3. Date Incorporated or Qualified 09/12/1974	3a. Date of Last Report 09/26/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-1589077	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, CRAIG A.	1.2 NAME	
STREET ADDRESS	11 SUMMER BROOK LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CROMWELL CT 06476	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WEDDLE, STEPHEN S	2.2 NAME	
STREET ADDRESS	66 KIPP STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPPAQUAIN NY 10514	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD HUNTER, R ALAN	3.2 NAME	
STREET ADDRESS	241 COLD SPRING RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	AVON CT 06001	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V BARTONE, MICHELLE A	4.2 NAME	MICHAEL A. BARTONE
STREET ADDRESS	6 PROMONTORY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT 06410	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD HUCK, RICHARD	5.2 NAME	
STREET ADDRESS	10 BARKER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KENSINGTON CT 06037	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WILLIAMS, THOMAS J.	6.2 NAME	
STREET ADDRESS	15 LAUREL CREST DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON CT 06013	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  **MICHAEL A. BARTONE VP, TAXES** 4/14/97 860-225-5111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0001712

CR2E034 (9/96)