2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #832933

1. Entity Name

DISTRICT EQUIPMENT COMPANY



FILED Feb 27, 2008 08:00 A Secretary of State

Principal Place of Business

3333 RIVERWOOD PARKWAY

SUITE 400

ATLANTA, GA 30339 US

Mailing Address

3333 RIVERWOOD PARKWAY

SUITE 400

ATLANTA, GA 30339 t



No Chg-P

CR2E034 (11/05)

4. FEI Number 58-1026186

02132008

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and title	rf applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ' Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HOLDER, THOMAS M. 3333 RIVERWOOD PKWY STE 400 ATLANTA, GA 30339				U00000840871 03/07/08-80012-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PENDREY, J.C. JR 3333 RIVERWOOD PKWY STE 400 ATLANTA, GA 30339				03/07/08-80012-007 15D.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	·	IN	THIS SPACE
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12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR

2/14/08

Daytime Phone #