2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State
09-02-2004 90077 031 ***550.00

DOCUMENT # 841228

1. Entity Name
FONTAINE TRUCK EQUIPMENT COMPANY

66433753

Principal Place of Business	Mailing Address
2490 PINSON VALLEY PKWY. P.O. BOX 10887 BIRMINGHAM, AL 35202	2490 PINSON VALLEY PKWY. P.O. BOX 10887 BIRMINGHAM, AL 35202

DO NOT WRITE IN THIS SPACE

06302004 No Chg-P CR2E034 (10/03)

4. FEI Number
63-0750784
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PRITZKER, ANTHONY
STREET ADDRESS	11111 S MONICA BLVD
CITY-ST-ZIP	LOS ANGELES, CA 90403
TITLE	S
NAME	PRITZKER, PENNY
STREET ADDRESS	200 W MADISON ST
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President
NAME	Cary Overby
STREET ADDRESS	2490 PINSON VALLEY PARKWAY
CITY-ST-ZIP	Bham, AL 35217
TITLE	CONTROLLER
NAME	ROSS DEPAUL
STREET ADDRESS	2490 PINSON VALLEY PARKWAY
CITY-ST-ZIP	Bham, AL 35217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RA DP Ross A DePaul 9/8/04 205-841-8582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #