

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 25, 2005 08:00 AM
Secretary of State

DOCUMENT # 841228

1. Entity Name
FONTAINE TRUCK EQUIPMENT COMPANY



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

Mailing Address
2490 PINSON VALLEY PKWY.
P.O. BOX 10887
BIRMINGHAM, AL 35202



07212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	S
NAME	JORGENSEN, HANS
STREET ADDRESS	11111 SANTA MONICA BLVD.
CITY-ST-ZIP	LOS ANGELES, CA 90025
TITLE	P
NAME	OVERBY, CARY
STREET ADDRESS	2490 PINSON VALLEY PARKWAY
CITY-ST-ZIP	BIRMINGHAM, AL 35217
TITLE	C
NAME	DEPAUL, ROSS
STREET ADDRESS	2490 PINSON VALLEY PARKWAY
CITY-ST-ZIP	BIRMINGHAM, AL 35217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/25/05-80008-007 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/05 (205)841-8586