

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

APPROVED
AND
FILED

112

06 JUN 12 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



06092006 No Chg-P CR2E034 (11/05)

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PRITZKER, ANTHONY 11111 S MONICA BLVD LOS ANGELES, CA 90403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRITZKER, PENNY 200 W MADISON ST CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JORGENSEN, HANS 11111 SANTA MONICA BLVD. LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OVERBY, CARY 2490 PINSON VALLEY PARKWAY BIRMINGHAM, AL 35217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DEPAUL, ROSS 2490 PINSON VALLEY PARKWAY BIRMINGHAM, AL 35217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600076105656

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IN THIS SPACE**

12. I hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ross DePaul

6/9/06

Date

Daytime Phone #

6/12/06



CORPORATION SERVICE COMPANY

212
ATTN: Gary Blankenbaker

ACCOUNT NO. : 072100000032

REFERENCE : 169282 4806071

AUTHORIZATION

COST LIMIT : \$

ORDER DATE : June 9, 2006

ORDER TIME : 9:0 AM

ORDER NO. : 169282-005

CUSTOMER NO: 4806071

ANNUAL REPORT FILING

NAME: FONTAINE TRUCK EQUIPMENT
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young-EXT#2962

EXAMINER'S INITIALS: _____

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06 JUN 12 AM 10:58
TALLAHASSEE, FLORIDA