

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90394 026 ***150.00

DOCUMENT # 849923

1. Entity Name
WILLIAMS SCOTSMAN, INC.



Principal Place of Business
**8211 TOWN CENTER DR.
BALTIMORE, MD 21236**

Mailing Address
**8211 TOWN CENTER DR.
BALTIMORE, MD 21236**

00038775



2. Principal Place of Business

3. Mailing Address

P.O. BOX 986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005

Chg-P

CR2E034 (10/03)

City & State

City & State

BALTIMORE, MD

4. FEI Number

52-0665775

Applied For

Not Applicable

Zip

Country

Zip

21203

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
BECKER, MAYNARD G
639 CRICKETT LANE
MC SHERRYSTOWN, PA 17344** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CANTLIN, JOHN C
3 CHARMARAL CT
COCKEYSVILLE, MD 21030** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SCOTT BECKER
10332 CONGRESSIONAL DR.
ELLICOTT CITY, MD 21042** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HOLTHAUS, GERARD E
3129 BLENDON RD
OWINGS MILLS, MD 21117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALEXANDER, JAMES N
135 GLORIA ST
MENLO PARK, CA 94025** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
ROSS, JOHN B
13619 ALLISTON DRIVE
BALDWIN, MD** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
PAPE, MARK G
1528 COTTAGE LANE
BALTIMORE, MD 21286** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2005

Date

410-933-5926

Daytime Phone #