

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849923

FILED
Mar 17, 2006
Secretary of State

Entity Name: WILLIAMS SCOTSMAN, INC.

Current Principal Place of Business:

8211 TOWN CENTER DR.
BALTIMORE, MD 21236

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 986
BALTIMORE, MD 21203

New Mailing Address:

FEI Number: 52-0665775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AT () Delete
Name: BECKER, MAYNARD G
Address: 639 CRICKETT LANE
City-St-Zip: MC SHERRYSTOWN, PA 17344

Title: VP () Delete
Name: BECKER, SCOTT
Address: 10332 CONGRESSIONAL DR
City-St-Zip: ELLICOTT CITY, MD 21042

Title: P () Delete
Name: HOLTHAUS, GERARD E
Address: 3129 BLENDON RD
City-St-Zip: OWINGS MILLS, MD 21117

Title: D () Delete
Name: ALEXANDER, JAMES N
Address: 135 GLORIA ST
City-St-Zip: MENLO PARK, CA 94025

Title: S () Delete
Name: ROSS, JOHN B
Address: 13619 ALLISTON DRIVE
City-St-Zip: BALDWIN, MD

Title: AT () Delete
Name: PAPE, MARK G
Address: 1528 COTTAGE LANE
City-St-Zip: BALTIMORE, MD 21286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SINGER, ROBERT C
Address: 14013 FOXLAND RD.
City-St-Zip: PHOENIX, MD 21131

Title: T (X) Change () Addition
Name: BECKER, SCOTT W
Address: 10332 CONGRESSIONAL DR
City-St-Zip: ELLICOTT CITY, MD 21042

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DONEGAN, JOSEPH F
Address: 6 CONESTOGA CT.
City-St-Zip: MEDFORD, NJ 08055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK G. PAPE

AT

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date