

2001 UNIFORM BUSINESS REPORT (UBR)

0872434

DOCUMENT # F00000002825

1. Entity Name
LIDDELL BROS. INC.

FILED

01 FEB -6 PM 2:24

Principal Place of Business
ONE INDEPENDENCE ROAD
KINGSTON MA 02364

Mailing Address
ONE INDEPENDENCE ROAD
KINGSTON MA 02364

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

5 GREENWICH OFFICE PARK

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

GREENWICH, CT

4. FEI Number

64-3076608

Applied For

Not Applicable

Zip

Country

Zip

Country

06830

USA

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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET, SUITE 300
NORTH MIAMI BEACH FL 33162

Name

CORPORATION SERVICE COMPANY

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

1201 NAYS STREET

City

TALLAHASSEE

FL

Zip Code

32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MILNE, JOHN N
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 400003654484--5 ☐ Change ☐ Addition

TITLE VS
NAME NOLAN, MICHAEL J
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE VAS
NAME BORZILLERI, PETER R
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE V
NAME MILNER, ROBERT P
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE T
NAME HICKS, WAYLAND R
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

TITLE V
NAME MCKINNEY, JOHN S
STREET ADDRESS FOUR GREENWICH OFFICE PARK
CITY-ST-ZIP GREENWICH CT 06830 ☐ Delete

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

13. 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 11 or Block 12 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

John N. MILNE / 1/23/01
President

Date

Daytime Phone #

203-622-381

CR2E034 (10/00)



ACCOUNT NO. : 072100000032

REFERENCE : 990722

7232013 *Patricia Pyjunt*

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : February 5, 2001

ORDER TIME : 12:18 PM

ORDER NO. : 990722-005

CUSTOMER NO: 7232013

CUSTOMER: Jennifer L. Mannix, Paralegal
United Rentals, Inc.
Five Greenwich Office Park

Greenwich, CT 06830

ANNUAL REPORT FILING

NAME: LIDDELL BROS. INC.

RECEIVED
01 FEB - 6 PM 1:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Lawhon - Ext. 1155

EXAMINER'S INITIALS: _____

File 18