

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -6 PM 4:01

DOCUMENT # F01000002899

1. Entity Name
PLM International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 Nyala Farms

3. Mailing Address
200 Nyala Farms

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Westport, CT

City & State
Westport, CT

4. FEI Number
94-3041257

Applied For
Not Applicable

Zip
06880

County
U.S.

Zip
06880

County
U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee, FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

Brian Courtney
Asst. V. Pres.

SIGNATURE

Signature of principal name of registered agent (if applicable)

(NOTE: Registered agent signature required when re-appointing)

DATE

6/6/02

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25.
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

TITLE
NAME
P
Bess, Stephen M.
STREET ADDRESS
120 Montgomery Street, Suite 1350
CITY-ST-ZIP
San Francisco, CA 94104

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
V/S/D
James A. Coyne
STREET ADDRESS
200 Nyala Farms
CITY-ST-ZIP
Westport, CT 06880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
C/D
Gary D. Engle
STREET ADDRESS
200 Nyala Farms
CITY-ST-ZIP
Westport, CT 06880

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or on an attachment with an address, with all other information empowered.

SIGNATURE:

Stephen M. Bess

6/11/02 (415) 445-3201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034B (12/01)

DO NOT WRITE IN THIS SPACE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN -6 PM 4:01

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F01000002899

1. Entity Name
PLM International, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 Nyala Farms
Suite, Apt. #, etc.

3. Mailing Address
200 Nyala Farms
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Westport, CT

City & State
Westport, CT

4. FEI Number
94-3041257
Applied For
Not Applicable

Zip Country
06880 U.S.

Zip Country
06880 U.S.

5. Certificate of Status Desired \$8.75 Additional Fee Required

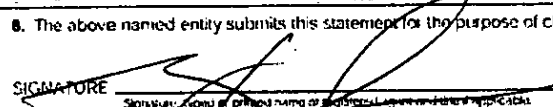
**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee, FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.

Brian Courtney
Asst. V. Pres.

SIGNATURE  DATE 6/6/02
Signature typed or printed name of registered agent or principal place of business (NOTE: Registered agent signature required when registering)

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	Bess, Stephen M.	120 Montgomery Street, Suite 1350	San Francisco, CA 94104				
V/S/D	James A. Coyne	200 Nyala Farms	Westport, CT 06880				
C/D	Gary D. Engle	200 Nyala Farms	Westport, CT 06880				

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(6), 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 on an attachment with an address, with all other information.

SIGNATURE:  Stephen M. Bess Date 6/1/02 (415) 445-3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)