

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004140			
1. Entity Name ALAMO RENTAL (US) INC.			
Principal Place of Business 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301		Mailing Address 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301	
2. Principal Place of Business 6929 N. Lakewood Ave. Suite, Apt. #, etc. Suite 100 City & State Tulsa, OK 74117-1808 Zip 74117-1808 Country USA		3. Mailing Address 6929 N. Lakewood Ave. Suite, Apt. #, etc. Suite 100 City & State Tulsa, OK 74117-1808 Zip 74117-1808 Country USA	
4. FEI Number 75-3123541		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$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	PCEO LOBECK, WILLIAM 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100046817054 <input type="checkbox"/> Addition 02/17/05--01058--017 **150.00 6929 N. Lakewood Ave. Suite 100 Tulsa, OK 74117-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO PARELL, JEFF 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6929 N. Lakewood Ave. Suite 100 Tulsa, OK 74117-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, HOWARD 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6929 N. Lakewood Ave. Suite 100 Tulsa, OK 74117-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILSON, LELAND 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/T Gerard J. Kennell 6929 N. Lakewood Ave. Suite 100 Tulsa, OK 74117-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBECK, WILLIAM 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6929 N. Lakewood Ave. Suite 100 Tulsa, OK 74117-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SVP/CFD/D Thomas C. Kennedy 6929 N. Lakewood Avenue Suite 100 Tulsa, OK 74117-1808
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:  Howard D. Schwartz, Director		2/5/05 918-401-6403	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	