2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F03000004140

1. Entity Name

ALAMO RENTAL (US) INC.



Principal Place of Business

6929 N.LAKEWOOD AVE.

SUITE 100

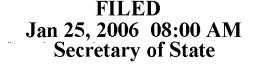
TULSA, OK 74117-1808

Mailing Address

6929 N.LAKEWOOD AVE.

SUITE 100

TULSA, OK 74117-1808





01052006

No Chg-P

CR2E034 (11/05)

4. FEI Number 75-3123541

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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IN	THIS	SPACE

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 bile if applicable

(NOTE_Registered Agent signature required when reinstating)

\$5.00 May Be Added to Fees

U00000400346

02/01/06-80049-013

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Trust Fund Contribution.		
10.	ÖFFICERS AND DIREC	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOBECK, WILLIAM 6929 N. LAKEWOOD AVE.,STE. 100 TULSA, OK 741171808	-		
TITLE NAME STREET AUDRESS CITY-ST-ZIP	COO PARELL, JEFF 6929 N. LAKEWOOD AVE.,STE. 100 TULSA, OK 74117			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, HOWARD 6929 N. LAKEWOOD AVE.,STE. 100 TULSA, OK 74117			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VT KENNELL, GERARD J 6929 N. LAKEWOOD AVE.,STE. 100 TULSA, OK 741171808			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBECK, WILLIAM 6929 N. LAKEWOOD AVE.,STE. 100 TULSA, OK 741171808			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TULSA, OK 741171808			
12. Thereby certify that the information supplied with this filing does not qualify for the exe				

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recept certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the repeiver 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 attackment with an address, with all other like empowered

SIGNATURE: X