FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1999**	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State
04-15-1999 90027 050 ***150.00

DOCUMENT # F96000002686

1. Corporation Name

HSS RENTAL (USA), INC.

Principal Place of Business	Mailing Address
~~4 GOVERNORS PLACE~~ PLEASE AMEND LONDON, UK SWIX 7DL ~~US~~	~~4 GOVERNORS PLACE~~ LONDON, UK SWIX 7DL ~~US~~

4 GROSVENOR PLACE   4 GROSVENOR PLACE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/29/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0686527	Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131	81	Name
	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FIELDING, LISTER ANTHONY		1.2 NAME		
STREET ADDRESS	STILLWATER BARN, WICKHURST FARM		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAMBERHURST KE TN38B ENGLAND		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BOYLE, GEORGE		2.2 NAME		
STREET ADDRESS	THE PENTLANDS, ~~SHER~~ GREEN SHEER		2.3 STREET ADDRESS		
CITY-ST-ZIP	BEACONSFIELD BUCKS HP9 2QH ENGLAND		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, PETER NIGEL		3.2 NAME		
STREET ADDRESS	22 FINSTOCK FREEN, THE WARREN, RG12 3YU		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRACKNELL BERKSHIRE ENGLAND		3.4 CITY-ST-ZIP		
TITLE	SA BRACKNELL	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JONES, PETER CALLESON		4.2 NAME		
STREET ADDRESS	14 MIDWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUTTON SURREY SM3 9EL ENGLAND		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TICKNER, RICHARD PETER		5.2 NAME		
STREET ADDRESS	ROCKLANDS, ROCKCROSS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST GRINESTEAD ENGLAND RH13 8LL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

(UK)

SIGNATURE: ___SIGNATURE REQUIRED___ PETER CALLESON JONES 6TH APRIL 1999 0181-260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

3614