

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90076 015 \*\*\*150.00

**DOCUMENT # F96000002686**

1. Entity Name

**HSS RENTAL (USA), INC.**

00020130



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4 GROSVENOR PLACE  
LONDON. UK SW1X 7DL****4 GROSVENOR PLACE  
LONDON. UK SW1X 7DL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0686527**

Applied For

Not Applicable

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

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.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD**  
**FIELDING, LISTER ANTHONY**  
**STILLWATER BARN, WICKHURST FARM**  
**LAMBERHURST UK TN38B** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BOYLE, GEORGE**  
**STRATHERN, DEVONSHIRE AVE**  
**AMERSHAM BUCKS UK HPG- 5JE** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**\*RESIGNED 1st SEPT-2000**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**THOMAS, PETER NIGEL**  
**14 OAKDENE SUNNINEDALE**  
**ASCOT, BERKSHIRE, UK SL5- OBU** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S**  
**JONES, PETER C**  
**14 MIDWAY**  
**SUTTON SURREY EN SM3 9** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**TICKNER, RICHARD PETER**  
**ROCKLANDS, ROCKCROSS LANE**  
**WEST GRINESTEAD EN RH13- 8LL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**RAIN ROGER DYE**  
**BEECHWOOD HOUSE, HENLEY ROAD**  
**MARLOW, BUCKS SL7 2DF** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☒ Addition  
**\*APPOINTED 1st SEPT 2000**

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

**PETER C JONES**  
**COMPANY SECRETARY**Date **13 FEB 2001**

Daytime Phone #

CR2E034 (10/00)