## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F96000002686

Entity Name: HSS RENTAL (U.S.A.) LIMITED, INC.

FILED Dec 01, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	NOR PLACE JK SWIX 7DL,				.00 ROAD :N SE1 8XP	UK	
Current Mailing Address:				New Mailing Address:			
	NOR PLACE JK SWIX 7DL,		SI	000 E. EVA UITE 2-300 ENVER, C	)	US	
FEI Number:	65-0686527	FEI Number Applied For ( )	FEI Numbe	er Not Applic	able ( )	Certificate of Status Desired (X)	
Name and	Address of Cเ	rrent Registered Agent:	N	Name and Address of New Registered Agent:			
		RVICE COMPANY					
1201 HAYS TALLAHAS	STREET SEE, FL 32301	I US					
The above in the State		ıbmits this statement for the pur	pose of c	hanging its	registered o	office or registered agent, or bo	oth,
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
		2)(b), F.S., the corporation did not r Trust Fund Contribution ( ).	eceive the	prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FIELDING, LISTE	RN, WICKHURST FARM	Na Ad	ame: ddress:	NOLAN, PAUL BRIDGEND HO	) Change () Addition LAURENCE JUSE 18 GOLDRINGS RD ATHERHEAD, SURREY, EN KT22 00	QR UK
Title: Name: Address: City-St-Zip:	THOMAS, PETER 14 OAKDENE SU		Na Ad	ame: ddress:	POSTON, LINE 5 WAVEL MEV		
Title: Name: Address: City-St-Zip:	S () E JONES, PETER O 14 MIDWAY SUTTON SURRE		Na Ad	ame: ddress:	WILSON, ROB STRAUN, FARI	) Change ()Addition ERT GORDON NGDON RD, FRILFORD HEATH KFORDSHSIRE, EN OX13 6QJ UK	
Title: Name: Address: City-St-Zip:	TICKNER, RICHAROCKLANDS, RO	Delete RD PETER DCKCROSS LANE EAD, EN RH13-LL	Na Ac	tle: ame: ddress: ity-St-Zip:	(	) Change ()Addition	
Title: Name: Address: City-St-Zip:	DYE, IAIN ROGE	N, ROCKWELL END HAMBLEDON	Na Ac	tle: ame: ddress: ity-St-Zip:	(	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G WILSON S 12/01/2004