

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90215 031 \*\*\*150.00

**DOCUMENT # F96000002686**

1. Entity Name  
**HSS RENTAL (USA), INC.**



Principal Place of Business  
**4 GROSVENOR PLACE  
LONDON. UK SW1X 7DL**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0686527**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete  
NAME **FIELDING, LISTER ANTHONY**  
STREET ADDRESS **STILLWATER BARN, WICKHURST FARM**  
CITY-ST-ZIP **LAMBERHURST UK TN38B**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **THOMAS, PETER NIGEL**  
STREET ADDRESS **14 OAKDENE SUNNINEDALE**  
CITY-ST-ZIP **ASCOT, BERKSHIRE, UK SL5- OBU**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **JONES, PETER C**  
STREET ADDRESS **14 MIDWAY**  
CITY-ST-ZIP **SUTTON SURREY EN SM3 9**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **TICKNER, RICHARD PETER**  
STREET ADDRESS **ROCKLANDS, ROCKCROSS LANE**  
CITY-ST-ZIP **WEST GRINESTEAD EN RH13- 8LL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **DYE, IAIN ROGER**  
STREET ADDRESS **BEECHWOOD HOUSE, HENLEY RD**  
CITY-ST-ZIP **MARLOW BUCKS, ENGLAND SL7- -DF**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **RUSSELLS BARN, ROCKWELL END**  
CITY-ST-ZIP **HAMBLEDON, HENLEY ON THAMES**  
**OXFORDSHIRE, ENGLAND, RG9 6NE**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**PETER CALSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**JONES-24 MARCH 2003- +44 208 260 3521**

CR2E034 (10/02)