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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000000155 (8)**

1. Corporation Name
BRAND SCAFFOLD BUILDERS, INC.

Principal Place of Business	Mailing Address
3003 BUTTERFIELD ROAD OAK BROOK IL 60521	3003 BUTTERFIELD ROAD OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15450 South Outer Highway 40 Suite 270	2a. Mailing Address 26 15450 South Outer Highway 40	3. Date Incorporated or Qualified 01/09/1997	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 270	4. FEI Number 13-3909683	☐ Applied For ☐ Not Applicable
City & State 23 Chesterfield, MO	City & State 28 Chesterfield, MO	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 63017 / 25 U.S.A.	Zip / Country 29 63017 / 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOORE, RONALD W 1830 JASMINE ST. PASADENA TX 77503	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BOURG, MCKINLEY L 10389 AIRLINE HIGHWAY ST. ROSE LA 70087	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Treasurer	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MCGEE, JAMES M 10389 AIRLINE HIGHWAY ST. ROSE LA 70087	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Director	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHEXNAYDRE, DANIEL J 950 MAHAFFEY RD. PORT ALLEN LA 70767	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CHAN, IRATE W 1830 JASMINE ST. PASADENA TX 77503	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT KINCHEN, BRANDA A 10389 AIRLINE HIGHWAY ST. ROSE LA 70087	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Brenda	☒ Change ☐ Addition

CR2E034 (10/97)

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.

SIGNATURE _____ (Title) _____ (Date)