

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90023 021 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F97000003313**

1. Corporation Name
U.S. RENTALS, INC.

000733 - 90009 - 0



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1581 CUMMINS DR
 STE 155
 MODESTO CA 95358
 US**

Mailing Address
**1581 CUMMINS DR
 STE 155
 MODESTO CA 95358
 US**

3. Date Incorporated or Qualified
06/20/1997

2. Principal Place of Business
21 Four Greenwich Office Park

2a. Mailing Address
26 Four Greenwich Office Park

4. FEI Number
94-3061974

Applied For
 Not Applicable

22 Suite, Apt. #, etc.

27 City & State
Greenwich, CT

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

23 Zip Country
06830 Fairfield

28 Zip Country
06830 Fairfield

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

24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.
 9200 SOUTH DADELAND BLVD.
 SUITE 508
 MIAMI FL 33156**

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 *Michael A. Carr* *Michael A. Carr, President* 07107199
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HADELMAN, S E	
STREET ADDRESS	1581 CUMMINS DR STE 155	
CITY-ST-ZIP	MODESTO CA 95358	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	KASPER, M R	
STREET ADDRESS	1581 CUMMINS DR STE 155	
CITY-ST-ZIP	MODESTO CA 95358	
TITLE	TS	<input checked="" type="checkbox"/> DELETE
NAME	VASQUEZ, D A	
STREET ADDRESS	1581 CUMMINS DR STE 155	
CITY-ST-ZIP	MODESTO CA 95358	
TITLE	VDCF	<input checked="" type="checkbox"/> DELETE
NAME	MCKINNEY, J S	
STREET ADDRESS	1581 CUMMINS DR., #155	
CITY-ST-ZIP	MODESTO CA 95338	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CRICKETTE, G M	
STREET ADDRESS	1581 CUMMINS DR., #155	
CITY-ST-ZIP	MODESTO CA 95338	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LOCKLIN, W F	
STREET ADDRESS	1581 CUMMINS DR., #155	
CITY-ST-ZIP	MODESTO CA 95338	

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	John N. Milne	
1.3 STREET ADDRESS	Four Greenwich Office Park	
1.4 CITY-ST-ZIP	Greenwich, CT 06830	
2.1 TITLE	Vice President, Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Michael V. Nolan	
2.3 STREET ADDRESS	Four Greenwich Office Park	
2.4 CITY-ST-ZIP	Greenwich, CT 06830	
3.1 TITLE	Vice President, Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Peter R. Borzilleri	
3.3 STREET ADDRESS	Four Greenwich Office Park	
3.4 CITY-ST-ZIP	Greenwich, CT 06830	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Wayland R. Hicks	
4.3 STREET ADDRESS	Four Greenwich Office Park	
4.4 CITY-ST-ZIP	Greenwich, CT 06830	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Michael A. Carr* **REQUIRED** 07107199 (203) 618-7163
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)