02231999-90051-035-$158.75-$158.75

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Secretary of State
02-23-1999 90051 035 ***158.75

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **F98000001524**

1. Corporation Name
MOBILE STORAGE GROUP, INC.

Principal Place of Business	Mailing Address
2540 FOOTHILL BLVD. 2ND FL LACRESCENTA CA 91214	2540 FOOTHILL BLVD. 2ND FL LACRESCENTA CA 91214

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 95-4135466 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FRIEDMAN, COREY
5601 NORTHWEST 72ND AVE.
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: EDDIE VASQUEZ (for) RONALD VALENTA
82 Street Address (P.O. Box Number is Not Acceptable): 9595 NORTHWEST 89 TH AVENUE
83
84 City: MEDLEY FL 85 Zip Code: 33178

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: Ronald F. Valenta
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	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VALENTA, RONALD F		1.2 NAME		
STREET ADDRESS	~~4849 CASTLE ROAD~~ 5200 JEBSEN DRIVE		1.3 STREET ADDRESS	5200 JEBSEN DRIVE	
CITY-ST-ZIP	LA CANADA CA 91011		1.4 CITY-ST-ZIP	LA CANADA, CA 91011	
TITLE	VSD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	ROBERTSON, JAMES S		2.2 NAME		
STREET ADDRESS	16510 ACADEMIA DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENCINO CA 91436		2.4 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	CD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	GRIFFITHS, E G		3.2 NAME		
STREET ADDRESS	~~17178 STRAWBERRY DR.~~ PINK CHIMNEYS		3.3 STREET ADDRESS	PINK CHIMNEYS ST GEORGES PARISH	
CITY-ST-ZIP	~~ENCINO CA~~ ST. GEORGES PARISH		3.4 CITY-ST-ZIP	BERMUDA	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Ronald F. Valenta 1/6/99 818-249-0291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #