

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

DOCUMENT # **F98000005920**

1. Corporation Name

**UNITED RENTALS AERIAL EQUIPMENT, INC.**

Principal Place of Business

**4 GREENWICH OFFICE PARK  
GREENWICH CT 06830**

Mailing Address

**4 GREENWICH OFFICE PARK  
GREENWICH CT 06830**

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90010 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/23/1998**

4. FEI Number

**06-1520087**

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. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 N.E. 167TH STREET, STE 300  
NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MILNE, JOHN N**  
STREET ADDRESS **4 GREENWICH OFFICE PARK**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **VS** ☐ DELETE  
NAME **NOLAN, MICHAEL J**  
STREET ADDRESS **4 GREENWICH OFFICE PARK**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **V** ☒ DELETE  
NAME **VOLONINO, RICHARD A**  
STREET ADDRESS **4 GREENWICH OFFICE PARK**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **VAS** ☒ DELETE  
NAME **WELWOOD, SANDRA E**  
STREET ADDRESS **4 GREENWICH OFFICE PARK**  
CITY-ST-ZIP **GREENWICH CT**

TITLE **T** ☐ DELETE  
NAME **HICKS, WAYLAND R**  
STREET ADDRESS **4 GREENWICH OFFICE PARK**  
CITY-ST-ZIP **GREENWICH CT**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME **Vice President, Assistant Secretary**  
4.3 STREET ADDRESS **Borzilleri, Peter A.**  
4.4 CITY-ST-ZIP **Four Greenwich Office Park**  
**Greenwich, CT 06830**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

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

07109199

(203) 618-7163

Date

Daytime Phone #

CR2E034 (5/99)



F98000005920  
603010-90010-33  
Four Greenwich Office Park  
Greenwich, CT 06830  
Tel: 203 622-3131  
Fax: 203 622-6080

July 22, 1999

Division of Corporations  
Annual Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

re: United Rentals Aerial Equipment, Inc.  
Account number F98000005920

Dear Sir or Madam:

Please be advised that this is a second submission of the Annual Report for United Rentals Aerial Equipment, Inc. Your office did not receive an earlier copy, submitted January 18, 1999. A check for \$150.00 is being submitted. Please do not hesitate to contact me at 203-618-7163, if you have any concerns.

Sincerely,

*Victoria Ponterio*

Victoria Ponterio  
Corporate Legal Assistant