


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 10 AM 10: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE											
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000280 WILLSCOT EQUIPMENT, LLC. 8211 TOWN CENTER DRIVE BALTIMORE MD 21236		1a. Principal Place of Business Address 8211 TOWN CENTER DRIVE BALTIMORE MD 21236											
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 05/21/1997 3a. State of Formation DE 4. FEI Number 52-2037040 5. Date of Last Report 03/23/1998									
				6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
7. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., IN 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code										
			300002811043--2 -03/18/99--01089--017 ****188.75 ****188.75 FL										
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.													
SIGNATURE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required when effect of change)</small>			DATE _____										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">10. Title</th> <th style="width: 30%;">Managing Members/Managers</th> <th style="width: 30%;">Business Street Address</th> <th style="width: 30%;">City, State and Zip Code</th> </tr> <tr> <td>MGRM</td> <td>WILLIAMS SCOTSMAN, INC</td> <td>8211 TOWN CENTER DRIVE</td> <td>BALTIMORE MD</td> </tr> </table>						10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	WILLIAMS SCOTSMAN, INC	8211 TOWN CENTER DRIVE	BALTIMORE MD
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MGRM	WILLIAMS SCOTSMAN, INC	8211 TOWN CENTER DRIVE	BALTIMORE MD										
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.													
SIGNATURE: _____ <i>Dennis Reigor</i> DENNIS REIGOR 3/25/99 410-923-5926 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER REQUIRED</small>													