2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

May 02, 2001 8:00 am Secretary of State **DOCUMENT # P26623** 1. Entity Name BRAMBLES EQUIPMENT SERVICES, INC. 05-02-2001 90214 003 ***150.00 Principal Place of Business Mailing Address C/O BRAMBLES USA, INC. C/O BRAMBLES USA, INC. 400 n. Michigan ave.. Suite 610 400 N. MICHIGAN AVE., SUITE 610 CHICAGO IL 60611 CHICAGO IL 60611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-1653050 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition CEOD TITLE ☐ Delete TITLE ledtmann, gerard m NAME NAME STREET ADDRESS 400 N MICHIGAN AVE SUITE 610 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 Addition V/S/T/D X Change TITLE STD ☐ Delete TIT! F NAME NAME webster, David J. STREET ADDRESS STREET ADDRESS 400 N MICHIGAN AVENUE STE 610 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 X Addition X Delete TITLE NAME NAME FARLEY, MICHAEL JOHN HAENER STREET ADDRESS 2102 CAMBRIDGE BELTWAY DR., STE E STREET ADDRESS 910 S DIX STREET CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28273 DETROIT, MI 48217 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like expowered.