2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State **DOCUMENT # P27480** MINI RENTAL TRUCKS, INC. 05-03-2001 91163 040 ***158.75 Principal Place of Business Mailing Address 10575 WEST OFFICE 10575 WEST OFFICE HOUSTON TX 77042 HOUSTON TX 77042 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 76-0289095 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERTSON, GUY J., SR. NAME NAME 10575 WEST OFFICE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **HOUSTON TX 77042** CITY-ST-ZIP VST TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCLELLAN, WILLIAM P. NAME NAME STREET ADDRESS 10575 WEST OFFICE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP **HOUSTON TX 77042** ☐ Change Delete TITLE ☐ Addition TITLE MULVANEY, DOUGLAS L. NAME NAME 10575 WEST OFFICE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **HOUSTON TX 77042**

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 empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

☐ Delete

4/30101

Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

CR2E034 (10/00)