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FILED
May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28671 (6)
1. Corporation Name
PLM TRANSPORTATION EQUIPMENT CORPORATION



Principal Place of Business
ONE MARKET
STEUART STREET TOWER, SUITE 900
SAN FRANCISCO CA 94105
US

Mailing Address
ONE MARKET
STEUART STREET TOWER, SUITE 900
SAN FRANCISCO CA 94105-1521
US

3. Date Incorporated or Qualified
03/21/1990

3a. Date of Last Report
05/14/1996

4. FEI Number
94-2925084

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200-S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 retaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDBALL, ROBERT N.	
STREET ADDRESS	ONE MARKET, STEUART STREET TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVID J. DAVIS	
STREET ADDRESS	ONE MARKET, STEUART TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	PEARY, STEPHEN	
STREET ADDRESS	ONE MARKET, STEUART TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALLGOOD, J. MICHAEL	
STREET ADDRESS	ONE MARKET, STEUART TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOODRICH, DOUGLAS P.	
STREET ADDRESS	ONE MARKET, STEUART STREET TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESS, STEPHEN M.	
STREET ADDRESS	ONE MARKET, STEUART TOWER, #900	
CITY-ST-ZIP	SAN FRANCISCO CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LORRAINE SCHWERIN	
1.3 STREET ADDRESS	ONE MARKET, STEUART ST. TOWER #800	
1.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94105	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4. 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 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: *Lorraine Schwerin*

4/4/97 4/15/905-7360

CR2E034 (9/96)