

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90341 021 ***150.00

DOCUMENT # P28671

1. Entity Name
PLM TRANSPORTATION EQUIPMENT CORPORATION



Principal Place of Business
200 NYALA FARMS
WESTPORT CT 06880
US

Mailing Address
200 NYALA FARMS
WESTPORT CT 06880
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 94-2925084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Delete
NAME RANALLO, ANTHONY
STREET ADDRESS ONE NORTH LASALLE ST. SUITE 2700
CITY-ST-ZIP CHICAGO IL 60602

TITLE Sr.V/CFO/T ☐ Change ☒ Addition
NAME Richard K Brock
STREET ADDRESS 1889 Sunset Blvd.
CITY-ST-ZIP San Diego, CA 92103

TITLE D ☐ Delete
NAME ENGLE, GARY D
STREET ADDRESS 200 NYALA FARMS
CITY-ST-ZIP WESTPORT CT 06880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME COYNE, JAMES A
STREET ADDRESS 200 NYALA FARMS
CITY-ST-ZIP WESTPORT CT 06880

TITLE S/D ☒ Change ☐ Addition
NAME James A. Coyne
STREET ADDRESS 200 Nyala Farms,
CITY-ST-ZIP Westport, CT 06880

TITLE PD ☒ Delete
NAME BESS, STEPHEN M.
STREET ADDRESS 120 MONTGOMERY ST. SUITE 1350
CITY-ST-ZIP SAN FRANCISCO CA 94104

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P/D ☐ Change ☒ Addition
NAME Michael H. Clayton
STREET ADDRESS One North LaSalle St. Suite 2700
CITY-ST-ZIP Chicago, IL 60602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sr.V/CCO ☐ Change ☒ Addition
NAME Todd M. Emro
STREET ADDRESS One North LaSalle St. Suite 2700
CITY-ST-ZIP Chicago, IL 60602

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James A. Coyne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4-4-03

Date

415-445-3204

Daytime Phone #

CR2E034 (10/02)