

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90026 046 ***550.00

0597465

DOCUMENT # P31955

1. Entity Name

SPACE MASTER INTERNATIONAL, INC.

Principal Place of Business

**8211 TOWN CENTER DRIVE
 BALTIMORE MD 21236**

Mailing Address

**PO BOX 986
 BALTIMORE MD 21203**

771967



DO NOT WRITE IN THIS SPACE

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 **94-1654805**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent's signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so
 (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **HOLTHAUS, GERARD E**
 STREET ADDRESS **2802 SHADY GROVE COURT**
 CITY-ST-ZIP **BALDWIN MD 21013**

TITLE ☒ Change ☐ Addition
 NAME **3129 BLENDON RD.**
 STREET ADDRESS **OWINGS MILLS, MD. 21117**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **KEEFE, GERARD E**
 STREET ADDRESS **2 SEABERRY COURT**
 CITY-ST-ZIP **TIMONIUM MD 21093**

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

TITLE **S** ☐ Delete
 NAME **ROSS, JOHN B**
 STREET ADDRESS **13619 ALLISTON DRIVE**
 CITY-ST-ZIP **BALDWIN MD 21013**

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

TITLE **AT** ☒ Delete
 NAME **REIGER, DENNIS**
 STREET ADDRESS **7987 HENSLOWE CRT**
 CITY-ST-ZIP **PASADENA MD 21122**

TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition
 NAME **MARK PAPE**
 STREET ADDRESS **4528 COTTAGE LANE**
 CITY-ST-ZIP **BALTIMORE, MD 21286**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 empowered

SIGNATURE:

Mark G. Pape (MARK G. PAPE)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/01
 Date

410-931-6000
 Daytime Phone #

CR2E034 (10/00)