


APPROVED  
AND  
FILED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		AND FILED 98 APR 24 AM 9:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P33382 (3) 1. Corporation Name COMDISCO RENTALS, INC. C					
Principal Place of Business 6133 NORTH RIVER ROAD ROSEMONT IL 60018		Mailing Address 6133 N. RIVER ROAD ROSEMONT IL 60018 US		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1991	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-3740030	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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) 300002508253--5		
			83 City		
			84 State		
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 (not applicable) (Not if Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE D PONTIKES, NICHOLAS K 6133 N. RIVER ROAD ROSEMONT IL		<input type="checkbox"/> DELETE			
TITLE PD ANDREINI, ALAN J 6133 N. RIVER ROAD ROSEMONT IL		<input checked="" type="checkbox"/> DELETE			
TITLE VPD VOSICKY, JOHN J. 6133 N. RIVER ROAD ROSEMONT IL		<input type="checkbox"/> DELETE			
TITLE VPD YUKEVICH, MICHAEL, JR. 6133 N RIVER RD ROSEMONT IL		<input type="checkbox"/> DELETE			
TITLE VPD KEENAN, DAVID J. 6133 N. RIVER ROAD PALATINE IL		<input type="checkbox"/> DELETE			
TITLE S HEWES, PHILIP A. 6133 N. RIVER ROAD ROSEMONT IL		<input type="checkbox"/> DELETE			
1.1 TITLE D/P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME MICHAEL D. FELISH 6133 N. RIVER RD. ROSEMONT, IL 60018		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			

C:\B2F034 (10/97)

**MICHAEL D. FELISH**

**AVP - TAX**

04/01/98 (847)698-3000