

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P33841 (8)

1. Corporation Name  
PLM RENTAL, INC.



Principal Place of Business: C/O LEGAL DEPARTMENT ONE MARKET, STEUART ST. TWR. #900 SAN FRANCISCO CA 94105-1301  
Mailing Address: C/O LEGAL DEPARTMENT ONE MARKET, STEUART ST. TWR. #900 SAN FRANCISCO CA 94105-1301

3. Date Incorporated or Qualified: 04/30/1991  
3a. Date of Last Report: 02/14/1995  
4. FEI Number: 94-3132853  
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 (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Suite, Apt. #, etc.  
26. City & State  
27. Zip Country  
28. City & State  
29. Zip Country  
30. City & State

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: FL

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TIDBALL, ROBERT N.	
STREET ADDRESS	ONE MARKET, STEUART STREET TWR. #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GOODRICH, DOUGLAS P.	
STREET ADDRESS	ONE MARKET, STEUART STREET TWR. #900	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	ALLGOOD, J. MICHAEL	
STREET ADDRESS	ONE MARKET, #900 STEUART ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94105-1301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" 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	VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen Peary	
4.3 STREET ADDRESS	One Market, Steuart Street Tower, #900	
4.4 CITY-ST-ZIP	San Francisco, CA 94105-1301	
5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Lorraine Schwerin	
5.3 STREET ADDRESS	One Market, Steuart Street Tower, #900	
5.4 CITY-ST-ZIP	San Francisco, CA 94105-1301	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lorraine Schwerin, Assistant Secretary

5/7/96 415/905-7360  
Date Day/He Phone #

CR2E034 (12/95)