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May 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33841

1. Corporation Name
PLM RENTAL, INC.

Principal Place of Business
C/O LEGAL DEPARTMENT
#800
SAN FRANCISCO CA 94105-1301
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/30/1991

4. FEI Number

94-3132853

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ 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)

83

84 City

FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME JARDINE, DAVID
STREET ADDRESS ONE MARKET, STEUART STREET TWR. #900
CITY-ST-ZIP SAN FRANCISCO CA

TITLE PD ☐ DELETE

NAME GOODRICH, DOUGLAS P.
STREET ADDRESS ONE MARKET, STEUART STREET TWR. #900
CITY-ST-ZIP SAN FRANCISCO CA

TITLE VT ☐ DELETE

NAME ALLGOOD, J. MICHAEL
STREET ADDRESS ONE MARKET, #900 STEUART ST.
CITY-ST-ZIP SAN FRANCISCO CA 94105-1301

TITLE VSD ☐ DELETE

NAME SANTO, SUSAN
STREET ADDRESS ONE MARKET, STEUART STREET TOWER #900
CITY-ST-ZIP SAN FRANCISCO CA

TITLE AS ☐ DELETE

NAME LORRAINE SCHWERIN
STREET ADDRESS ONE MARKET, STEUART STREET TOWER, #900
CITY-ST-ZIP SAN FRANCISCO CA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lorraine Schwerin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

415/905-7360

Daytime Phone #

CR2E034 (11/98)