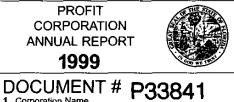
PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name PLM RENTAL, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 05, 1999 8:00 am Secretary of State

05-05-1999 90174 016 ***150.00

Principal Place of Business Mailing Address				•			,
C/O LEGAL DEPARTMENT #800 SAN FRANCISCO CA 94105-1301		C/O LEGAL DEPARTMENT ONE MARKET, STEUART ST. TWR. #900		900	DO NOT WRITE IN THIS S	PACE	
US PHANCISC	SAN FRANCISCO CA 94105	A 94100-1301		3. Date Incorporated or Qualifed			
**					04/30/1991		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	-
21		26			94-3132853	Not Applica	
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 Additiona	
22		27 800			5. Certifcate of Status Desired	Fee Required	"
City & Stat	te	City & State			6. Election Campaign Financing	\$5.00 May Be	$\neg \neg$
23	•	28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Coun	try	8. This corporation owes the current year Intan		
24	25	29	30	•	,]Yes ∐No	
	9. Name and Address of Current		1		10. Name and Address of New Registered Ag	ent	
<u> </u>			{1}	81 Name			
CT (CORPORATION SYSTEM						
1200 S. PINE ISLAND ROAD			1	32 Street A	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			1	B3			
			1	Gity	FLÍ	85 Zip Code	l
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	s, the abo	ove-named o	corporation submits this statement for the purpose of ch	anging its registere	ed
office or r	registered agent, or both, in the State o	of Florida. Such change was au	ıthorized l	by the corpo	pration's board of directors. I hereby accept the appointment	nent as registered	
]	in laminar with and accept the obligat	10110 01, 00000011 001,0000, 1 1011	ida Otalai	00.			l
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered A	gent signature re	equired when reinstating) DATE]
12.	OFFICERS ANI	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 1	2
TITLE	V	☐ DELETE	1.1 TITL	E		☐ Change ☐ Add	dition
NAME	JARDINE, DAVID		1.2 NAM	IE			Ì
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA		1.4 CITY	-ST-ZIP			ł
TITLE	PD	☐ DELETE	2.1 TITL			Change Add	dition
NAME	GOODRICH, DOUGLAS P.		2.2 NAM	IE			
STREET ADDRESS				EET ADDRESS			1
CITY-ST-ZIP	SAN FRANCISCO CA			Y-ST-ZIP			
TITLE	VT	DELETE	3.1 TITL			Change Add	dition
NAME	ALLGOOD, J. MICHAEL		3.2 NAM				Ì
STREET ADDRESS	ONE MARKET, #900 STEUART ST.			EET ADDRESS			\ \
	SAN FRANCISCO CA 94105-13			Y-ST-ZIP			
CITY-ST-ZIP	VSD	U I DELETE	4.1 TITL			Change Add	dition
NAME	(· · ·		4. 2 NAA	- L	_		
1 -	SANTO, SUSAN	ET TOMED 4000					
STREET ADDRESS	ONE MARKET, STEUART STREI SAN FRANCISCO CA	LI IUWEN #800		EET ADORESS			ľ
CITY-ST-ZIP		☐ DELETE	-1	-ST-ZIP		Change Add	dition
TITLE	AS	☐ DELETE	5.1 TITL 5.2 NAM		·		
NAME	LORRAINE SCHWERIN	FT TOUTO #555					
STREET ADDRESS	ONE MARKET, STEUART STREE	:1 10WEH, #900		EET ADDRESS			
CITY-ST-ZIP	SAN FRANCISCO CA			-ST-ZIP			-00
TITLE	1	□ DELETE	6.1 TITL	-	Ţ,	Change 🔲 Add	cition

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 charged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP