FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN -6 AM 10:49

DOCUMENT # P38525

1. Corporation Name
EVERGREEN EQUIPMENT & PERSONNEL LEASING, INC.
(FKA WALNUT CONSTRUCTION, INC,)

Principal Place of Business
75 NEWMAN AVE.
RUMFORD, RI 02916

Mailing Address
75 NEWMAN AVE.
RUMFORD, RI 02916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01-12-90

4. FEI Number
05-0451922
☐ 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

2. Principal Place of Business
21 3353 MICHELSON DR.
22 Suite, Apt. #, etc.
23 City & State: IRVINE, CA
24 Zip: 92698
25 Country: USA

2a. Mailing Address
26 3353 MICHELSON DRIVE
27 Suite, Apt. #, etc. 551M
28 City & State: IRVINE, CA
29 Zip: 92698
30 Country: USA

9. Name and Address of Current Registered Agent
NATIONAL REGISTERED AGENTS, INC
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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) (DATE: Registered Agent signature required when submitting) DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCNAMARA, ROBERT A. 536 PINE ST. SEEKONK, MA	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JAMISON, LAWRENCE W. 129 WILSON AVE. RUMFORD, RI	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PEREIRA, DAVID M. 58 LEANN DR. SEEKONK, MA 02771	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CARANCI CHARLES L 170 STERLING AVE. PROVIDENCE, RI	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FISHER, LAWRENCE N. 3353 MICHELSON DR. IRVINE, CA 92698	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR, PRESIDENT	☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	200003095272--3 -01/11/00--01099--008 ****150.00 ****150.00	☐ Change ☐ Addition
31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☒ Change ☐ Addition
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	ASSISTANT SECRETARY	☐ Change ☒ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	ASSISTANT TREASURER MORROW, T.H. 3353 MICHELSON DR. IRVINE, CA 92698	☐ Change ☒ Addition

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

SIGNATURE: T. H. T.H. MORROW ASST. TREASURER 4/15/99 949- 9754031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #