FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE:

Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P99000104992 TESCO EQUIPMENT CORPORATION 04-16-2001 90018 014 ***150.00 Mailing Address Principal Place of Business 3400 Burris RD. 3400 BURRIS RD. FT. LAUDERDALE FL 33314 FT. LAUDERDALE FL 33314 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0967444 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., STE. 125 CORAL GABLES FL 33146 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ered Agent signature required who FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ED TITLE ☐ Delete Change . OSBORN, ROBERT P OSBORN, ROBERT P NAME NAME 3400 Burris Rd. STREET ADDRESS 3400 BURRIS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33314 Ft. Laudens ale, FL 33314 e-den+ TITLE Delete -TITLE Change X Addition OSBORN, KENNETH R Robertson NAME NAME 2518 Goff View Drive STREET ADDRESS 3400 BURRIS RD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33314 CITY-ST-7IP 33327 TITLE STD ☐ Delete TITLE ☐ Change (X Addition OSBORN, BEATRICE I NAME NAME 3400 BURRIS RD. STREET ADDRESS of View STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33314 33327 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 report or supplemental 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

bowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

ith all other.