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Mar 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000006825 (1)

1. Corporation Name
BRAND SCAFFOLD RENTAL & ERECTION, INC.



Principal Place of Business Mailing Address
3003 BUTTERFIELD RD OAK BROOK IL 60521 **3003 BUTTERFIELD RD OAK BROOK IL 60521-1107**

3. Date Incorporated or Qualified **12/27/1996** 3a. Date of Last Report
 4. FEI Number **13-3909680** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | CICHY, DAVID R | |
| STREET ADDRESS | 3003 BUTTERFIELD RD | |
| CITY - ST - ZIP | OAK BROOK IL 60521 | |
| TITLE | DVT | <input type="checkbox"/> DELETE |
| NAME | PETERSON, JEFFERY W | |
| STREET ADDRESS | 1 CETERPOINT DR | |
| CITY - ST - ZIP | LA PALMA CA 90623 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | KNOLL, OTTO K | |
| STREET ADDRESS | 1 CETERPOINT DR | |
| CITY - ST - ZIP | LA PALMA CA 90623 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | EUDY, REGINA A | |
| STREET ADDRESS | 1 CETERPOINT DR | |
| CITY - ST - ZIP | LA PALMA CA 90623 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CURRAN, GERALD B | |
| STREET ADDRESS | 3003 BUTTERFIELD RD | |
| CITY - ST - ZIP | OAK BROOK IL 60521 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCDARIS, MARK E | |
| STREET ADDRESS | 3003 BUTTERFIELD RD | |
| CITY - ST - ZIP | OAK BROOK IL 60521 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 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 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 (changed or on an attachment with an address).

SIGNATURE: *David R. Cichy* **President** **2/24/97** **630/684-7800**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011455

CR2E034 (9/96)