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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 037 ***150.00

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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 # F96000006825

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



Principal Place of Business 15450 S OUTER HWY 40 SUITE 270 CHESTERFIELD MO 63017 US	Mailing Address 15450 S OUTER HWY 40 SUITE 270 CHESTERFIELD MO 63017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 12/27/1996	4. FEI Number 13-3909680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	2218 S HALSTED	
CITY-ST-ZIP	CHICAGO IL 60608	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	PETERSON, JEFFERY W	
STREET ADDRESS	15450 S OUTER HIGHWAY 40 40, SUITE 270	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KNOLL, OTTO K	
STREET ADDRESS	6001 OBISPO AVENUE	
CITY-ST-ZIP	LONG BEACH CA 90805	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EUDY, REGINA A	
STREET ADDRESS	6001 OBISPO AVENUE	
CITY-ST-ZIP	LONG BEACH CA 90805	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CURRAN, GERALD B	
STREET ADDRESS	15450 S OUTER HIGHWAY 40, SUITE 270	
CITY-ST-ZIP	CHESTERFIELD MO 63017	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCDARIS, MARK E	
STREET ADDRESS	15450 S OUTER HIGHWAY 40, SUITE 270	
CITY-ST-ZIP	CHESTERFIELD MO 63017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	5055 W 67th Street
1.4 CITY-ST-ZIP	Bedford Park IL 60638
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AT/D
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Melvin L. Singletary
3.3 STREET ADDRESS	6001 Obispo Avenue
3.4 CITY-ST-ZIP	Long Beach, CA 90805
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VD Otto Knoll
5.3 STREET ADDRESS	41690 Enterprise Circle -N, Ste 200D
5.4 CITY-ST-ZIP	Temecula CA 92590
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AS Raymond L. Edwards
6.3 STREET ADDRESS	15450 S. Outer Highway 40, Suite 270
6.4 CITY-ST-ZIP	Chesterfield, MO 63017

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: [Signature] Date: 3/1/99 Daytime Phone #: 314-579-6603

CR2E034 (1/198)