

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90179 046 \*\*\*150.00

**DOCUMENT # P14261**

1. Entity Name

**AGGREKO, INC.**

Principal Place of Business

Mailing Address

**4607 W. ADMIRAL DOYLE DRIVE  
 NEW IBERIA LA 70560**

**4607 W. ADMIRAL DOYLE DRIVE  
 NEW IBERIA LA 70560-9134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **72-0692213**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HARROWER, PHILLIP</b>	
STREET ADDRESS	<b>4607 W. ADMIRAL DOYLE DRIVE</b>	
CITY-ST-ZIP	<b>NEW IBERIA LA 70560</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, GEORGE</b>	
STREET ADDRESS	<b>3732 MAGNOLIA ST</b>	
CITY-ST-ZIP	<b>PEARLAND TX</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DRESSEL JR, TERREL</b>	
STREET ADDRESS	<b>4607 W ADMIRAL DOYLE DR</b>	
CITY-ST-ZIP	<b>NEW IBERIA LA</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, GEORGE</b>	
STREET ADDRESS	<b>12000 Aerospace Avenue</b>	
CITY-ST-ZIP	<b>Houston, TX 77034</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mark Conrad</b>	
STREET ADDRESS	<b>12000 Aerospace Avenue</b>	
CITY-ST-ZIP	<b>Houston, TX 77034</b>	
TITLE	<b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Greg Moore</b>	
STREET ADDRESS	<b>4607 W. Admiral Doyle Drive</b>	
CITY-ST-ZIP	<b>New Iberia, LA 70560</b>	
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>David Yorke</b>	
STREET ADDRESS	<b>121 West Regent Street</b>	
CITY-ST-ZIP	<b>Glasgow, G2 2SD United Kingdom</b>	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**Terrel Dressel, Jr. 4/25/00 (337)367-7884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #