

1.) CORPORATION NAME:

**Alamo Rental (US) Inc.**

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA**

SCC ID NO: **F1559923**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 600 CORPORATE PARK DR

CITY/ST/ZIP: ST. LOUIS, MO 63105

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: WILLIAM W SNYDER TITLE: PRES/TREAS ADDRESS: 600 CORPORATE PARK DRIVE CITY/ST/ZIP/CO: ST LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY W CUNNINGHAM TITLE: VICE PRESIDENT ADDRESS: 600 CORPORATE PARK DR CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: THOMAS P LAFFEY TITLE: SECRETARY/VP ADDRESS: 600 CORPORATE PARK DRIVE CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GREGORY R STUBBLEFIELD TITLE: VICE PRESIDENT ADDRESS: 600 CORPORATE PARK DR CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PAULA M MORGAN TITLE: ASST SECRETARY ADDRESS: 600 CORPORATE PARK DRIVE CITY/ST/ZIP/CO: ST. LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY COWAN TITLE: ASST SECRETARY ADDRESS: 600 CORPORATE PARK DRIVE CITY/ST/ZIP/CO: ST LOUIS, MO 63105</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MEREDITH PERKINS ASST SECRETARY 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAMELA M NICHOLSON DIRECTOR 600 CORPORATE PARK DR ST. LOUIS, MO 63105	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANDREW C TAYLOR DIRECTOR 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ WILLIAM W SNYDER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILLIAM W SNYDER, PRES/TREAS PRINTED NAME AND CORPORATE TITLE	8/23/2013 DATE			
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					