

1.) CORPORATION NAME:

UNITED RENTALS (NORTH AMERICA), INC.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CTR 16TH FLR
1111 E MAIN ST**

SCC ID NO: **F1895582**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100
PREFER	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 FIRST STAMFORD PLACE
SUITE 700

CITY/ST/ZIP: STAMFORD, CT 06902

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.

NAME:	MICHAEL KNEELAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT & CEO		
ADDRESS:	100 FIRST STAMFORD PLACE		
	SUITE 700		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		

NAME:	CRAIG A. PINTOFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 FIRST STAMFORD PLACE		
	SUITE 700		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		

NAME:	WILLIAM B. PLUMMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 FIRST STAMFORD PLACE		
	SUITE 700		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		

NAME:	IRENE MOSHOURIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	100 FIRST STAMFORD PLACE		
	SUITE 700		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		

NAME:	JONATHAN M. GOTTSEGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 FIRST STAMFORD PLACE		
	SUITE 700		
CITY/ST/ZIP/CO:	STAMFORD, CT 06902		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOLI LYN GROSS ASST SECRETARY FIVE GREENWICH OFFICE PARK GREENWICH, CT 06831	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSE B. ALVAREZ DIRECTOR 9 ROBINSON COURT MANSFIELD, MA 02048	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNE K. BRITELL DIRECTOR 100 FIRST STAMFORD PLACE SUITE 700 STAMFORD, CT 06902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BOBBY J. GRIFFITH DIRECTOR 5001 BALMORAL LANE FLOWER MOUNT, TX 75028	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PIERRE E. LEROY DIRECTOR 17337 VIA DE FORTUNA RANCHO SANTA FE, CA 92067	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SINGLETON B. MCALLISTER DIRECTOR 1666 K. STREET, NW SUITE 1200 WASHINGTON, DC 20006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN D. MCAULEY DIRECTOR 100 HAMILTON PLAZA PLAZA LEVEL PATTERSON, NJ 07505	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN S. MCKINNEY DIRECTOR 9432 TRIATHLON LANE ELK GROVE, CA 95758	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES H. OZANNE DIRECTOR 114 GOODWIVES RIVER ROAD DARIEN, CT 06820	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JASON D. PAPASTAVROU DIRECTOR 645 FIFTH AVENUE SUITE 903 NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FILIPPO PASSERINI DIRECTOR TWO PROCTER & GAMBLE PLAZA CINCINNATI, OH 45202	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD C. ROOF DIRECTOR 518 BROOKS HOLLOW COURT DUNDEE, MI 48131	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE WIMBUSH DIRECTOR 25721 SHORE LINE DRIVE NOVI, MI 48374	<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/ JOLI LYN GROSS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOLI LYN GROSS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/15/2015 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.			