

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

3 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## DDOELT CODDODATION ANNUAL DEDOCT FOR THE VEAR

1. Entity ID No.	2. Exact na	AILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.  2. Exact name of the Corporation						
143635		Prudential Overall Supply						
3. Principal office address 1661 ALTON PARKWAY 4. Business Phone No. 9492504855			City IRVINE	State CA	Zip <b>92606</b>			
			5. State of Incorporation CALIFORNIA			52 V		
6. Brief description of the INDUSTRIAL LA		s conducted in Rhode Islar NT RENTAL	od .		2015 MAR	CORP		
LIST ALL OFFICER	(NAMES AND ADD	RESSES) ("X" BOX FOR A	TACHMENTY					
President Name Tom Watts			Vise President Hame Chair man Dan Clark					
Street Address 1661 ALTON PARKWAY			Street Address - C			SO		
IRVINE	State <b>CA</b>	Zip <b>92606</b>	City IRVINE	State CA	Zip <b>92606</b>	<b>~</b>		
ecretary Name James K. Murray			Treasurer Name James K. Murray					
Street Address 1661 ALTON PARKWAY			Street Address 1661 ALTON PARKWAY					
ity IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip <b>92606</b>			
	RS (NAMES AND ADI	RESSES) ("X" BOX FOR	ATAGUETT C					
Pirector Name Tom Watts			Director Name  Dan Clark					
treet Address 1661 ALTON PAR			Street Address 1661 ALTON P	ARKWAY				
ity IRVINE	State CA	Zip <b>92606</b>	City IRVINE	State CA	Zip 92606			
Director Name Don Lahn			Director Name Harry Hathaway					
treet Address 1661 ALTON PAR	KWAY		Street Address 1661 ALTON PA	ARKWAY				
ity IRVINE	State CA	<sup>Zip</sup> <b>92606</b>	City IRVINE	State CA	Zip <b>92606</b>			
SHARES AUTHORIZI	D		10. SHARES ISSUE	("X" BOX FOR AT AC	HMENT)			
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. ee Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
			1,901,000	Common	No Par			
This report must be exec	cuted on behalf of the this report mu	corporation by an authorize st be executed on behalf of	d representative. If the the corporation by the r	corporation is in the hand eceiver or trustee	ds of a receiver or trus	stee,		
			·	erjury, I declare and aff	irm that I have exam	ined		
File Date				ng any accompanying				

File Date 4 302	Under penalty of perjury, I declare and affirm that I have this report, including any accompanying schedules and and that all statements contained herein are true and c		
	MAR 0 4 2015	Signature of Authorized Referentative	2/19/15 Date
FOR SECRETARY OF STATE USE ONLY Form No. 630	243824	Print or Type Name of Authorized Representative	UARAY
Revised: 01/2012	/	<del></del>	

## Prudential Overall Supply. Corporate ID 143635 Directors as of 1/1/15

## Attachment

Vice Chairman Don Lahn 1661 Alton Parkway Irvine, CA 92606