Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
AGGREKO LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 04/01/1991

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
AGGREKO LLC

4607 WEST ADMIRAL DOYLE DRIVE
NEW IBERIA, LA 70560

2b Employer Identification Number (EIN) 72-0692213

2c Sponsor's telephone number 337-367-7884

2d Business code (see instructions) 541990

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/09/2010	DIANNE PREJEAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
AGGREKO LLC

4607 WEST ADMIRAL DOYLE DRIVE
NEW IBERIA, LA 70560

3b Administrator's EIN
72-0692213

3c Administrator's telephone number
337-367-7884

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1087
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	815
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	261
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1076
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	1077
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1059
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	41
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2T 2S 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGGREKO LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREKO LLC

D Employer Identification Number (EIN)
72-0692213

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 25 37 52 59 60 63 72	NONE	14295	Yes [X] No [ ]	Yes [ ] No [X]	143834	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JP MORGAN 71-0930784	52 59 60 63	143834
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GPC SECURITIES, INC. 58-1517899	REVENUES FROM INVESTMENT FUNDS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGGREKO LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AGGREKO LLC

D Employer Identification Number (EIN)
72-0692213

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STABLE ASSET INCOME

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK NA

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-1978950-001	C	7406642

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

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b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGGREKO LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREKO LLC

D Employer Identification Number (EIN)
72-0692213

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2201436	2255315
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		60199
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1293471	1627042
(9) Value of interest in common/collective trusts	1c(9)	6390835	7406642
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26605717	41371471
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	36491459	52720669
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	36491459	52720669

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3741108	
	(B) Participants	2a(1)(B)	4172498	
	(C) Others (including rollovers)	2a(1)(C)	230966	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		8144572
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	85903	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		85903
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	672132	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		672132
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		147410
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9268221
c Other income	2c		60199
d Total income. Add all **income** amounts in column (b) and enter total	2d		18378437
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2134932	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2134932
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	14295	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14295
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2149227
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		16229210
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CASTAING, HUSSEY & LOLAN, LLC **(2)** EIN: 72-0389608

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
AGGREKO LLC EMPLOYEES' SAVINGS & INVESTMENT RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
AGGREKO LLC

D Employer Identification Number (EIN)
72-0692213

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

REPORT

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008

REPORT

AGGREKO LLC
EMPLOYEES' SAVINGS AND
INVESTMENT RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008

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Schedule of Assets Held At End of Year	I	11

Castaing
Hussey &
Lolan, LLC
— Certified Public Accountants

Samuel R. Lolan, CPA
Lori D. Percle, CPA
Debbie B. Taylor, CPA
Katherine H. Armentor, CPA
Robin G. Freyou, CPA

Charles E. Castaing, CPA, *Retired*
Roger E. Hussey, CPA, *Retired*

Shalee M. Landry, CPA
Donna Lasseigne, CPA

Independent Auditors' Report

To the Board of Directors
Aggreko LLC
Employees' Savings and Investment Retirement Plan
New Iberia, LA

We were engaged to audit the accompanying statements of net assets available for benefits of Aggreko LLC Employees' Savings and Investment Retirement Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplementary schedule of assets held at end of year for the year ended December 31, 2009. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplementary schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Castaing, Hussey & Lolan LLC

New Iberia, Louisiana
July 27, 2010

525 Weeks Street • P.O. Box 14240 • New Iberia, Louisiana 70562-4240
Ph.: 337-364-7221 • Fax: 337-364-7235 • email: info@chlcpa.com

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS — **DECEMBER 31, 2009 AND 2008**

	2009	2008 *(as restated)*
ASSETS		
Investments:		
Participant-Directed	$ 48,474,157	$ 32,341,461
Participant Loans	1,627,042	1,293,472
Receivables:		
Employer Contributions	2,255,315	2,201,436
Other Receivables	60,199	0
TOTAL ASSETS	52,416,713	35,836,369
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	52,416,713	35,836,369
Adjustment from fair value to contract value for investment in fully benefit-responsive investment contract	303,956	655,090
NET ASSETS AVAILABLE FOR BENEFITS	$ 52,720,669	$ 36,491,459

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008 *(as restated)*
ADDITIONS		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation (depreciation) in value of investments	$ 9,415,632	$ (15,713,146)
Interest	85,903	95,417
Dividends	672,132	1,448,479
Other income	60,199	-
Total Investment Income	10,233,866	(14,169,250)
Contributions:		
Participants	4,172,497	4,145,199
Employer	3,741,108	3,663,564
Rollovers	230,966	339,976
Total Contributions	8,144,571	8,148,739
TOTAL ADDITIONS	18,378,437	(6,020,511)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	2,134,932	1,996,217
ADMINISTRATIVE EXPENSES	14,295	11,672
TOTAL DEDUCTIONS	2,149,227	2,007,889
NET INCREASE (DECREASE) DURING YEAR	16,229,210	(8,028,400)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	36,491,459	44,519,859
End of Year	$ 52,720,669	$ 36,491,459

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 1 - PLAN DESCRIPTION:

The following description of the Aggreko LLC Employees' Savings and Investment Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established in 1991 and is a defined contribution plan covering generally all employees of Aggreko LLC (the Company) who have one month of service and age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan entry date is the first day of each month immediately following the date eligibility requirements are met.

Contributions

A participant contributes to the Plan by electing to defer a portion of his or her salary which would otherwise be payable to the employee during any such calendar period. Employees are automatically enrolled with a three percent deferral unless the participant elects a lesser or zero percent. Participants may contribute any percentage of their pre-tax compensation to the Plan subject to the maximum amount established under the Internal Revenue Code. Participants age 50 and older may elect to defer additional amounts (called "catch-up contributions"), also subject to maximum amounts established under the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans. The Company matches fifty percent of participant contributions on the first seven percent of compensation deposited as elective contributions for eligible employees. In addition, the Company may contribute a discretionary percentage of each participant's compensation for eligible employees. Each participant's share of the discretionary contribution is based on the participant's total compensation and 80% of the Social Security Wage Base in effect on the first day of the Plan year. In order to be eligible for matching and discretionary contributions, the participant must have one year of service, be age 18 or older, and have been credited with 1,000 hours of service. In addition, in order to be eligible for discretionary contributions, the participant must remain as an active employee on the last day of the Plan year. A participant does not have to make elective contributions in order to receive a discretionary contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's match, additional Company contributions and Plan earnings. Allocations are based on participant compensation or account balances, as defined.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is fully vested after attaining normal retirement age, disability, death or five years of credited service. Prior to death or retirement, participants vest in employer contributions and related earnings in accordance with the following schedule:

Years of Service	Vested Percent
1	0%
2	25%
3	50%
4	75%
5	100%

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 1 - PLAN DESCRIPTION (continued):

Investment Options
Upon enrollment in the Plan, a participant may direct contributions in various investment options. Contributions may be invested 100% in any of the investment options or split between the investment options in five percent increments. Currently the Plan offers twenty mutual funds and a common collective trust fund (commonly referred to as a stable value fund) as investment options for participants. Participants may change their investment options daily.

Participant Loans
Eligible participants and beneficiaries may borrow from their fund accounts up to the lesser of $50,000 or 50 percent of their vested account balance. Loans bear interest at a competitive rate of interest determined on the loan date by the trustee, based on market rates for comparable loans, and have established repayment terms. Loan terms range from one to five years or over a reasonable period for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits and Withdrawals
On termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments as indicated in the plan document.

Withdrawals from a participant's salary deferral account while such participant is employed by the Company will be permitted in the cases of a hardship or in-service withdrawal, as defined by the Plan. Hardship withdrawals are limited to those funds deferred under the Plan. Income or earnings on such deferrals, as well as employer matching and discretionary contributions, are not eligible for hardship distribution. In-service withdrawals are limited to those funds deferred under the Plan and your profit sharing and/or matching contributions once you reach age 59 ½. Rollover contributions are also eligible for in-service withdrawals.

Forfeited Accounts
Nonvested employer matching and discretionary contributions are forfeited by participants upon their termination. These amounts are retained by the Plan and serve as a reduction to employer matching and discretionary contributions. Forfeited nonvested amounts totaled $69,745 and $59,551 at December 31, 2009 and 2008, respectively. Also in 2009, employer contributions were reduced by $90,699 from forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - These financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - The plan's investments are generally stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties – The Plan provides for various investment options in mutual funds that hold stocks, bonds, fixed income securities and other investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Administration - Certain administration costs are paid by the sponsor.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events – The plan has evaluated subsequent events through July 27, 2010, the date the statements were available to be issued.

NOTE 3 – SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY TRUSTEE:

Pursuant to the provisions of Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent accountants did not perform any auditing procedures with respect to the information certified by JP Morgan Chase Bank, N.A., the trustee for the years ended December 31, 2009 and 2008, except for comparing such information to the related financial statements. All financial data included in the financial statements and the accompanying notes and supplemental schedule relating to investments and income from investments was obtained from the trustees' certification and is unaudited.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 3 – SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY TRUSTEE (continued):

The following is a summary of the Plan's financial information and data certified by the trustee as complete and accurate in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

	December 31, 2009	2008
Investments at fair value	$ 50,101,199	$ 33,634,933
Investment income:		
Income from investments	$ 672,132	$ 1,448,479
Net unrealized appreciation (depreciation) in fair value of investments	9,415,632	(15,713,146)
Interest from participant loans	85,903	95,417
	$ 10,173,667	$ (14,169,250)

The certified amounts include the adjustment to contract value for the fully benefit–responsive investment contract.

NOTE 4 – FAIR VALUE MEASUREMENTS:

Accounting Standards Codification (ASC) Topic 820 (formerly Statement of Financial Accounting Standards (SFAS) No. 157, *Fair Value Measurements)*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1, which consist of unadjusted quoted prices in active markets for identical assets have the highest priority, Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available or Level 1 securities where there is a contractual restriction, and Level 3 which have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 which were only used when Level 1 or Level 2 which were not available. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Level 1 Fair Value Measurements
The fair values of mutual funds are based on quoted net asset values of the shares held by the Plan at year-end.

Level 2 Fair Value Measurements
The fair value of the Plan's investment in the stable value fund is based on observable inputs other than quoted market prices included in Level 1, such as quoted prices for similar assets in active markets, similar assets that are not active markets, or other inputs that are observable or can be corroborated by observable market data.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 4 – FAIR VALUE MEASUREMENTS (continued):

Level 3 Fair Value Measurements
Participant loans are not actively traded and significant other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loan because the loans are secured by each respective participant's account balance.

Disclosures concerning assets measured at fair value are presented below.

December 31, 2009	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 41,371,471	$ 41,371,471	-	-
Stable Value Fund	7,102,686	-	$ 7,102,686	-
Participant Loans	1,627,042	-	-	$ 1,627,042
Total	$ 50,101,199	$ 41,371,471	$ 7,102,686	$ 1,627,042

December 31, 2008	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds	$ 26,605,716	$ 26,605,716	-	-
Stable Value Fund	5,735,745	-	$ 5,735,745	
Participant Loans	1,293,472	-	-	$ 1,293,472
Total	$ 33,634,933	$ 26,605,716	$ 5,735,745	$ 1,293,472

The following table provides further detail of the Level 3 fair value measurements as of December 31, 2009.

Beginning Balance	$ 1,293,472
Total gains or losses (realized and unrealized)	-
Purchases, sales, issuances, and settlements (net)	333,570
Ending Balance	$ 1,627,042

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 5 – INVESTMENTS:

All investments are participant-directed. The following table presents investments that represent 5 percent or more of the Plan's net assets:

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JP Morgan Stable Asset Income Fund	$ 7,102,686	$ 5,735,745
Pimco Total Return Fund	6,124,586	4,455,535
American Growth Fund of America	3,970,130	2,446,598
Janus Balanced	4,615,137	3,309,415
Janus Twenty	4,059,865	2,770,541
Janus Advisor International	2,980,304	
Dodge And Cox Stock Fund	3,511,527	
Harbor Large Cap Value	2,780,407	
American Funds Cap World Growth and Income	2,494,874	
American Funds AMCAP	1,997,824	
Baron Growth	2,099,374	
Dreyfus Premier New Leaders	1,826,125	

During 2009, the Plan's investments in mutual funds appreciated in value, including gains and losses on investments bought and sold, as well as held during the year by $9,268,221. The Plan's investments in the stable value fund appreciated in value, including gains and losses on units bought and sold, as well as held during the year by $147,411.

NOTE 6 - ALLOCATED AMOUNTS:

At December 31, 2009, there were no amounts allocable to participants who had elected to withdraw from the plan.

NOTE 7 – PARTY-IN-INTEREST TRANSACTIONS:

Certain plan investments are shares of funds managed by JP Morgan. JP Morgan is the trustee as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions. Participant loans are also considered party-in-interest investments.

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NOTE 8 – FEDERAL INCOME TAX STATUS:

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Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become fully vested in their accounts.

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During the year it was determined that an error was made in the previous year's audited financial statements. There was an oversight or misuse of information regarding the fair value and contract value of the JP Morgan Stable Asset Income Fund. The error is corrected in these financial statements and results in the following changes as of December 31, 2008.

	Previously stated	Restated
Participant-directed investments	$ 32,996,551	$ 32,341,461
Net assets available for benefits at fair value	36,491,459	35,836,369
Adjustment from fair value to contract value for investment in fully benefit-responsive investment contract	729,910	655,090
Net assets available for benefits	37,221,369	36,491,459
Net appreciation (depreciation) in value of investments	(14,983,236)	(15,713,146)

The error was only made in the plan's financial statements. The participants' statements and accounts required no adjustment.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN
72-0692213 Plan 002

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) **DECEMBER 31, 2009**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	American Funds	American Funds AMCAP		$ 1,997,824
	American Funds	American Growth Fund of America		3,970,130
	American Funds	American Funds Cap World Growth & Income		2,494,874
	Baron	Baron Growth		2,099,374
	Dodge and Cox	Dodge And Cox Stock Fund		3,511,527
	Dreyfus	Dreyfus Premier New Leaders		1,826,125
	Harbor Funds	Harbor Large Cap Value		2,780,407
	Janus	Janus Advisor International		2,980,304
	Janus	Janus Balanced		4,615,137
	Janus	Janus Twenty		4,059,865
*	JP Morgan	JP Morgan Equity Index		1,425,007
*	JP Morgan	JP Morgan Stable Asset Income - *at contract value*		7,406,642
	Neuberger Berman	Neuberger Berman Regency		1,254,499
	Pimco	Pimco Total Return Bond		6,124,586
	T Rowe Price	T Rowe Price Retirement 2010		96,615
	T Rowe Price	T Rowe Price Retirement 2020		223,672
	T Rowe Price	T Rowe Price Retirement 2030		408,291
	T Rowe Price	T Rowe Price Retirement 2040		326,715
	T Rowe Price	T Rowe Price Retirement 2050		113,388
	T Rowe Price	T Rowe Price Retirement Inc AD		15,396
	Van Kampen	Van Kampen Small Cap Value		1,047,735
*	Participant Loans	Notes Receivable, ranging from interest rates of 4.25% to 9.25% and maturities of one to seven years	-0-	1,627,042
	Total			$ 50,405,155

* Denotes party-in-interest

This schedule was prepared from data certified by
JP Morgan Chase Bank, N.A.

REPORT

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008

REPORT

AGGREKO LLC
EMPLOYEES' SAVINGS AND
INVESTMENT RETIREMENT PLAN

DECEMBER 31, 2009 AND 2008

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Statements of Changes in Net Assets Available for Benefits	B	3
Notes to Financial Statements	C	4-10
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Schedule of Assets Held At End of Year	I	11

Castaing
Hussey &
Lolan, LLC
— Certified Public Accountants

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Shalee M. Landry, CPA
Donna Lasseigne, CPA

Independent Auditors' Report

To the Board of Directors
Aggreko LLC
Employees' Savings and Investment Retirement Plan
New Iberia, LA

We were engaged to audit the accompanying statements of net assets available for benefits of Aggreko LLC Employees' Savings and Investment Retirement Plan (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and the supplementary schedule of assets held at end of year for the year ended December 31, 2009. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplementary schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with generally accepted auditing standards in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Castaing, Hussey & Lolan LLC

New Iberia, Louisiana
July 27, 2010

525 Weeks Street • P.O. Box 14240 • New Iberia, Louisiana 70562-4240
Ph.: 337-364-7221 • Fax: 337-364-7235 • email: info@chlcpa.com

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS — **DECEMBER 31, 2009 AND 2008**

	2009	2008 *(as restated)*
ASSETS		
Investments:		
Participant-Directed	$ 48,474,157	$ 32,341,461
Participant Loans	1,627,042	1,293,472
Receivables:		
Employer Contributions	2,255,315	2,201,436
Other Receivables	60,199	0
TOTAL ASSETS	52,416,713	35,836,369
LIABILITIES	0	0
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	52,416,713	35,836,369
Adjustment from fair value to contract value for investment in fully benefit-responsive investment contract	303,956	655,090
NET ASSETS AVAILABLE FOR BENEFITS	$ 52,720,669	$ 36,491,459

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008 *(as restated)*
ADDITIONS		
Additions to net assets attributed to:		
Investment Income:		
Net appreciation (depreciation) in value of investments	$ 9,415,632	$ (15,713,146)
Interest	85,903	95,417
Dividends	672,132	1,448,479
Other income	60,199	-
Total Investment Income	10,233,866	(14,169,250)
Contributions:		
Participants	4,172,497	4,145,199
Employer	3,741,108	3,663,564
Rollovers	230,966	339,976
Total Contributions	8,144,571	8,148,739
TOTAL ADDITIONS	18,378,437	(6,020,511)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	2,134,932	1,996,217
ADMINISTRATIVE EXPENSES	14,295	11,672
TOTAL DEDUCTIONS	2,149,227	2,007,889
NET INCREASE (DECREASE) DURING YEAR	16,229,210	(8,028,400)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	36,491,459	44,519,859
End of Year	$ 52,720,669	$ 36,491,459

The accompanying notes are an integral part of these financial statements.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 1 - PLAN DESCRIPTION:

The following description of the Aggreko LLC Employees' Savings and Investment Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established in 1991 and is a defined contribution plan covering generally all employees of Aggreko LLC (the Company) who have one month of service and age 18 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan entry date is the first day of each month immediately following the date eligibility requirements are met.

Contributions

A participant contributes to the Plan by electing to defer a portion of his or her salary which would otherwise be payable to the employee during any such calendar period. Employees are automatically enrolled with a three percent deferral unless the participant elects a lesser or zero percent. Participants may contribute any percentage of their pre-tax compensation to the Plan subject to the maximum amount established under the Internal Revenue Code. Participants age 50 and older may elect to defer additional amounts (called "catch-up contributions"), also subject to maximum amounts established under the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified plans. The Company matches fifty percent of participant contributions on the first seven percent of compensation deposited as elective contributions for eligible employees. In addition, the Company may contribute a discretionary percentage of each participant's compensation for eligible employees. Each participant's share of the discretionary contribution is based on the participant's total compensation and 80% of the Social Security Wage Base in effect on the first day of the Plan year. In order to be eligible for matching and discretionary contributions, the participant must have one year of service, be age 18 or older, and have been credited with 1,000 hours of service. In addition, in order to be eligible for discretionary contributions, the participant must remain as an active employee on the last day of the Plan year. A participant does not have to make elective contributions in order to receive a discretionary contribution.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's match, additional Company contributions and Plan earnings. Allocations are based on participant compensation or account balances, as defined.

Vesting

Participants are immediately vested in their voluntary contributions, plus actual earnings thereon. Vesting in the employer's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is fully vested after attaining normal retirement age, disability, death or five years of credited service. Prior to death or retirement, participants vest in employer contributions and related earnings in accordance with the following schedule:

Years of Service	Vested Percent
1	0%
2	25%
3	50%
4	75%
5	100%

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

NOTE 1 - PLAN DESCRIPTION (continued):

Investment Options
Upon enrollment in the Plan, a participant may direct contributions in various investment options. Contributions may be invested 100% in any of the investment options or split between the investment options in five percent increments. Currently the Plan offers twenty mutual funds and a common collective trust fund (commonly referred to as a stable value fund) as investment options for participants. Participants may change their investment options daily.

Participant Loans
Eligible participants and beneficiaries may borrow from their fund accounts up to the lesser of $50,000 or 50 percent of their vested account balance. Loans bear interest at a competitive rate of interest determined on the loan date by the trustee, based on market rates for comparable loans, and have established repayment terms. Loan terms range from one to five years or over a reasonable period for the purchase of a primary residence. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through monthly payroll deductions.

Payment of Benefits and Withdrawals
On termination of service due to death, disability, retirement or termination of employment, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments as indicated in the plan document.

Withdrawals from a participant's salary deferral account while such participant is employed by the Company will be permitted in the cases of a hardship or in-service withdrawal, as defined by the Plan. Hardship withdrawals are limited to those funds deferred under the Plan. Income or earnings on such deferrals, as well as employer matching and discretionary contributions, are not eligible for hardship distribution. In-service withdrawals are limited to those funds deferred under the Plan and your profit sharing and/or matching contributions once you reach age 59 ½. Rollover contributions are also eligible for in-service withdrawals.

Forfeited Accounts
Nonvested employer matching and discretionary contributions are forfeited by participants upon their termination. These amounts are retained by the Plan and serve as a reduction to employer matching and discretionary contributions. Forfeited nonvested amounts totaled $69,745 and $59,551 at December 31, 2009 and 2008, respectively. Also in 2009, employer contributions were reduced by $90,699 from forfeited nonvested accounts.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting - These financial statements are prepared on the accrual basis of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - The plan's investments are generally stated at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Risks and Uncertainties – The Plan provides for various investment options in mutual funds that hold stocks, bonds, fixed income securities and other investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with these investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Administration - Certain administration costs are paid by the sponsor.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events – The plan has evaluated subsequent events through July 27, 2010, the date the statements were available to be issued.

NOTE 3 – SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY TRUSTEE:

Pursuant to the provisions of Section 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA, the Plan's independent accountants did not perform any auditing procedures with respect to the information certified by JP Morgan Chase Bank, N.A., the trustee for the years ended December 31, 2009 and 2008, except for comparing such information to the related financial statements. All financial data included in the financial statements and the accompanying notes and supplemental schedule relating to investments and income from investments was obtained from the trustees' certification and is unaudited.

AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

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AGGREKO LLC
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AGGREKO LLC
EMPLOYEES' SAVINGS AND INVESTMENT RETIREMENT PLAN
72-0692213 Plan 002

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR) **DECEMBER 31, 2009**

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	American Funds	American Funds AMCAP		$ 1,997,824
	American Funds	American Growth Fund of America		3,970,130
	American Funds	American Funds Cap World Growth & Income		2,494,874
	Baron	Baron Growth		2,099,374
	Dodge and Cox	Dodge And Cox Stock Fund		3,511,527
	Dreyfus	Dreyfus Premier New Leaders		1,826,125
	Harbor Funds	Harbor Large Cap Value		2,780,407
	Janus	Janus Advisor International		2,980,304
	Janus	Janus Balanced		4,615,137
	Janus	Janus Twenty		4,059,865
*	JP Morgan	JP Morgan Equity Index		1,425,007
*	JP Morgan	JP Morgan Stable Asset Income - *at contract value*		7,406,642
	Neuberger Berman	Neuberger Berman Regency		1,254,499
	Pimco	Pimco Total Return Bond		6,124,586
	T Rowe Price	T Rowe Price Retirement 2010		96,615
	T Rowe Price	T Rowe Price Retirement 2020		223,672
	T Rowe Price	T Rowe Price Retirement 2030		408,291
	T Rowe Price	T Rowe Price Retirement 2040		326,715
	T Rowe Price	T Rowe Price Retirement 2050		113,388
	T Rowe Price	T Rowe Price Retirement Inc AD		15,396
	Van Kampen	Van Kampen Small Cap Value		1,047,735
*	Participant Loans	Notes Receivable, ranging from interest rates of 4.25% to 9.25% and maturities of one to seven years	-0-	1,627,042
	Total			$ 50,405,155

* Denotes party-in-interest

This schedule was prepared from data certified by
JP Morgan Chase Bank, N.A.