

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005393

Entity Name: AUTO TRUCK GROUP, LLC

FILED
Apr 26, 2012
Secretary of State

Current Principal Place of Business:

7411 MAPLE AVENUE
PENNSAUKEN, NJ 08109

New Principal Place of Business:

244 E. KINGS HIGHWAY
MAPLE SHADE, NJ 08052

Current Mailing Address:

7411 MAPLE AVENUE
PENNSAUKEN, NJ 08109

New Mailing Address:

244 E. KINGS HIGHWAY
MAPLE SHADE, NJ 08052

FEI Number: 27-4109709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: AUTOMOTIVE RENTALS, INC.
Address: 4001 LEADENHALL ROAD
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: VP
Name: ORTELL, CARL A
Address: 4001 LEADENHALL ROAD
City-St-Zip: MT. LAUREL, NJ 08054

Title: SEC
Name: MULLIN, KATHERINE A
Address: 244 E. KINGS HIGHWAY
City-St-Zip: MAPLE SHADE, NJ 08052

Title: ASSE
Name: CAMPBELL, ROBERT R
Address: 244 E. KINGS HIGHWAY
City-St-Zip: MAPLE SHADE, NJ 08052

Title: ASST
Name: SKRBINA, JENNY M
Address: 200 N.W. HARLEM ROAD
City-St-Zip: KANSAS CITY, MO 64116

Title: DIR
Name: HOLMAN, MELINDA K
Address: 244 E. KINGS HIGHWAY
City-St-Zip: MAPLE SHADE, NJ 08052

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: K..A. MULLIN

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04/26/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date