

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001081 (9)

1. Corporation Name

NATIONWIDE COMMERCIAL CO.

Principal Place of Business

% U-HAUL INTERNATIONAL, INC.
2721 N. CENTRAL AVENUE
PHOENIX AZ 85004

Mailing Address

% U-HAUL INTERNATIONAL, INC.
2721 N. CENTRAL AVENUE
PHOENIX AZ 85004



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION FL 33324

3. Date Incorporated or Qualified

02/26/1993

3a. Date of Last Report

01/26/1995

4. FEI Number

36-2550239

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	C	☐ DELETE
2. NAME	SHOEN, EDWARD J	
3. STREET ADDRESS	2727 N. CENTRAL AVENUE	
4. CITY-STATE-ZIP	PHOENIX AZ 85004	
1. TITLE	VCP	☐ DELETE
2. NAME	BAYER, CHARLES J	
3. STREET ADDRESS	2721 N. CENTRAL AVENUE	
4. CITY-STATE-ZIP	PHOENIX AZ 85004	
1. TITLE	DS	☒ DELETE
2. NAME	KLINEFELTER, GARY V	
3. STREET ADDRESS	2721 N. CENTRAL AVENUE	
4. CITY-STATE-ZIP	PHOENIX AZ 85004	
1. TITLE	T	☒ DELETE
2. NAME	HORTON, GARY B	
3. STREET ADDRESS	2721 N. CENTRAL AVENUE	
4. CITY-STATE-ZIP	PHOENIX AZ 85004	
1. TITLE	Assistant Secretary	☐ DELETE
2. NAME	John A. Lorentz	
3. STREET ADDRESS	2721 N. Central Avenue	
4. CITY-STATE-ZIP	Phoenix, ARIZONA-85004	
1. TITLE	Assistant Secretary	☐ DELETE
2. NAME	J. Scott Askew	
3. STREET ADDRESS	2721 N. Central Avenue	
4. CITY-STATE-ZIP	Phoenix, Arizona-85004	

1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		☐ Change ☐ Addition
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE	Secretary	☒ Change ☐ Addition
2. NAME	Donald Wm. Murney	
3. STREET ADDRESS	2721 N. Central Avenue	
4. CITY-STATE-ZIP	Phoenix, Arizona 85004	
1. TITLE	Treasurer	☒ Change ☐ Addition
2. NAME	Donald Wm. Murney	
3. STREET ADDRESS	2721 N. Central Avenue	
4. CITY-STATE-ZIP	Phoenix, Arizona 85004	
1. TITLE	Assistant Treasurer	☐ Change ☐ Addition
2. NAME	Rocky Wardrip	
3. STREET ADDRESS	Same as above	
4. CITY-STATE-ZIP		
1. TITLE	Assistant Treasurer	☐ Change ☐ Addition
2. NAME	Joan Krawcheck	
3. STREET ADDRESS	Same as above	
4. CITY-STATE-ZIP		

14. I, the undersigned, certify that the information supplied within this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement if annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:

John A. Lorentz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Lorentz, Assistant Secretary

1/16/96

(602) 263-6645

Date

Office Phone

CR2E034 (12/95)