

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 836249

Entity Name: AUTOMOTIVE RENTALS, INC.**Current Principal Place of Business:**4001 LEADENHALL ROAD
MT. LAUREL, NJ 08054**Current Mailing Address:**4001 LEADENHALL ROAD
MT. LAUREL, NJ 08054 US**FEI Number:** 21-0622527**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title D
Name HOLMAN, JOSEPH S
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title DIRECTOR
Name HOLMAN, MELINDA K
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title TREASURER
Name HORWITH, BRIAN K
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title P
Name ORTELL, CARL
Address 4001 LEANDHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title S, DIRECTOR
Name MULLIN, KATHERINE A
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title DIRECTOR
Name BATES, BRIAN R
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

Title VP
Name WELSH, EUGENE V
Address 4001 LEADENHALL ROAD
City-State-Zip: MT. LAUREL NJ 08054

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHERINE A MULLIN**SECRETARY****04/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date