

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000003762

**Entity Name:** PAYLESS CAR RENTAL, INC.**Current Principal Place of Business:**6 SYLVAN WAY  
PARSIPPANY, NJ 07054**Current Mailing Address:**6 SYLVAN WAY  
PARSIPPANY, NJ 07054 US**FEI Number:** 91-0886075**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:** MAUREEN CATHELL

04/17/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUZZICHESI, GINA MARIE  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            SECRETARY  
Name            KOEPKE, BRYON L.  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            ASST. SECRETARY  
Name            GALLAGHER, PAUL  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            SENIOR EXECUTIVE VICE  
                 PRESIDENT, TREASURER,  
                 DIRECTOR, CFO  
Name            WYSHNER, DAVID B.  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            DIRECTOR  
Name            DE SHON, LARRY DEAN  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            VP, ASST. SECRETARY  
Name            MUHS, ROBERT E  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            VP  
Name            BOUTA, ROBERT F  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

Title            ASST. TREASURER  
Name            INFANTE, MICHAEL  
Address        6 SYLVAN WAY  
City-State-Zip:   PARSIPPANY NJ 07054

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*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:** BRYON L. KOEPKE**SECRETARY**

04/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	FERRARO, JOSEPH ANTHONY
Address	6 SYLVAN WAY
City-State-Zip:	PARSIPPANY NJ 07054