

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001625

Entity Name: ENTERPRISE FLEET MANAGEMENT, INC.**Current Principal Place of Business:**600 CORPORATE PARK DR
ST LOUIS, MO 63105**Current Mailing Address:**600 CORPORATE PARK DR
ST LOUIS, MO 63105**FEI Number:** 43-1697807**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name NICHOLSON, PAMELA M
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title D
Name SNYDER, WILLIAM W
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title D
Name TAYLOR, ANDREW C
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title V
Name USSELMANN, STEVEN F
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title TVAS
Name SNYDER, WILLIAM W
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title S
Name LAFFEY, THOMAS A
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

Title PRESIDENT
Name BLOOM, STEVEN S
Address 600 CORPORATE PARK DR
City-State-Zip: ST LOUIS MO 63105

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: THOMAS P LAFFEY**SECRETARY****04/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date