## 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

FILED Apr 08, 2014

**Secretary of State** 

CC4484077841

Officer/Director Detail:

Title DIRECTOR Title D

Name NICHOLSON, PAMELA M Name SNYDER, WILLIAM W

Address 600 CORPORATE PARK DR Address 600 CORPORATE PARK DR

City-State-Zip: ST LOUIS MO 63105 City-State-Zip: ST LOUIS MO 63105

Title D Title V

NameTAYLOR, ANDREW CNameUSSELMANN, STEVEN FAddress600 CORPORATE PARK DRAddress600 CORPORATE PARK DR

City-State-Zip: ST LOUIS MO 63105 City-State-Zip: ST LOUIS MO 63105

Title TVAS Title 5

Name SNYDER, WILLIAM W Name LAFFEY, THOMAS A

Address 600 CORPORATE PARK DR Address 600 CORPORATE PARK DR

City-State-Zip: ST LOUIS MO 63105 City-State-Zip: ST LOUIS MO 63105

Title PRESIDENT

Name BLOOM, STEVEN 5

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