## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 501102** 

SIGNATURE:

## **FILED** Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90315 041 \*\*\*150.00

| Entity Name     ENTERPF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e<br>RISE LEASING COMPANY                                                 |                                                                                   |                    |                                                     |                   |                  |            |            |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------|-----------------------------------------------------|-------------------|------------------|------------|------------|-------------------|
| Principal Place<br>2150 N. STA<br>LAUDERDALE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ,                                                                         | Mailing Address C/O MARK I. LITOW 600 CORPORATE PARK DRIVE ST. LOUIS, MO 63105 US |                    |                                                     |                   |                  |            | 0441       |                   |
| 2. Principal P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | lace of Business                                                          | 3. Mailing Address                                                                |                    |                                                     |                   |                  |            |            |                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           | Suite, Apt. #, etc.                                                               |                    |                                                     | 04132005          | Chg-P            | CR2E03     | 34 (10/03) |                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           | City & State                                                                      |                    | 4. FEI Number Applied For 59-1664426 Not Applicable |                   |                  |            |            |                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country Zip Co                                                            |                                                                                   | Count              | try                                                 | 5. Certificate of |                  |            | \$8.75 Add | itional           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 6. Name and Address of Current                                            | Registered Agent                                                                  |                    |                                                     | 7. Name and A     | ddress of New Re |            | <u> </u>   | -                 |
| CT CORPORATION SYSTEM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                   |                    | Name                                                |                   |                  |            |            |                   |
| 1200 S. PII                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NE ISLAND RD.<br>ON, FL 33324                                             |                                                                                   |                    | Street Address (P.O. Box Number is Not Acceptable)  |                   |                  |            |            |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                   |                    | City                                                |                   |                  | FL         | Zip Code   | 9                 |
| 8. The above the obligati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | named entity submits this statement for                                   | ed office or register                                                             | red agent, or both | in the State of Flor                                |                   | amiliar with,    | and accept |            |                   |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                   |                    |                                                     |                   |                  |            |            |                   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           |                                                                                   |                    |                                                     |                   |                  |            |            |                   |
| FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution.   Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           |                                                                                   |                    |                                                     |                   |                  |            |            |                   |
| 10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OFFICERS AND                                                              | L<br>DIRECTORS                                                                    | 11.                |                                                     | ADDITIONS/C       | HANGES TO OFFIC  | CERS AND   | DIRECTORS  | S IN 11           |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | V<br>ALBRECHT, ROBERT J.<br>6800 N DALE MABRY HWY, #15<br>TAMPA, FL 33614 | ☐ Delete                                                                          |                    | 4                                                   | EE ATT            | ACHME            | NT         | Change     | <b>⊠</b> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AS DARR, ROSE M 600 CORPORATE PARK DR. SAINT LOUIS, MO 63105              | "⊠ Delete                                                                         |                    |                                                     |                   |                  |            | ☐ Change   | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S LITOW, MARK I 600 CORPORATE PARK DR. SAINT LOUIS, MO 63105              | CDelete                                                                           |                    | ) · <del>-</del>                                    |                   | ·                | -          | Change _   | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D TAYLOR, ANDREW C 600 CORPORATE PARK DRIVE SAINT LOUIS, MO 63105         | □ Delete                                                                          |                    |                                                     | .,                |                  |            | ☐ Change   | ☐ Addition        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DP<br>ROSS, DONALD L.<br>600 CORPORATE DRIVE<br>SAINT LOUIS, MO 63105     | ☐ Delete                                                                          |                    |                                                     |                   | 1, 100 11        |            | Change     | Addition          |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | P<br>MAYS, STEPHEN R<br>4350 FOWLER ST., STE 24<br>FORT MYERS, FL 33901   | ☐ Delete .                                                                        | CITY-              | E<br>Et adoress<br>- St- Zip                        |                   |                  |            | Change     | Addition          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered. |                                                                           |                                                                                   |                    |                                                     |                   |                  |            |            |                   |

## **ATTACHMENT**

Andrew B. Miller, Vice President-Fleet Services 3909 W. Hillsborough Ave., Tampa, FL 33614

Aries Chip Vance, Vice President 11034 Atlantic Blvd., Jacksonville, FL 32225

Robert V. Wilson, Regional Vice President 11440 North Kendall Drive, #405, Miami, FL 33176

Brian Mogauro, Regional Vice President 1411 Commerce Way, Suite 300, Miami Lakes, FL 33016

Shaun K. Bergeson, Regional Vice President 2505 Bristol Drive, West Palm Beach, FL 33409

Douglas M. Olcott, Regional Vice President 2150 N. State Road 7, Lauderdale Lakes, FL 33313

Thomas Caccamo, Regional Vice President 5105 Johnson Road, Coconut Creek, FL 33073

\$ 501102

## ATTACHMENT

Attachment to Florida 2005 For Profit Corporation Annual Report Document #501102

Officers/Directors:

Donald L. Ross, President/Director 600 Corporate Park Drive, St. Louis, MO 63105

David K. Nestor, Vice President 600 Corporate Park Drive, St. Louis, MO 63105

William W. Snyder, Vice President/Treasurer/Asst. Secretary/Director 600 Corporate Park Drive, St. Louis, MO 63105

Mark I. Litow, Secretary 600 Corporate Park Drive, St. Louis, MO 63105

Joan M. Zerega, Assistant Secretary 600 Corporate Park Drive, St. Louis, MO 63105

Andrew C. Taylor, Director 600 Corporate Park Drive, St. Louis, MO 63105

Stephen R. Mays, Vice President 4350 Fowler Street, Ste. 24, Ft. Myers, FL 33901

Alan D. Levine, Vice President 2150 North State Road 7, Lauderdale Lakes, FL 33313

Joseph G. Jacobs, Vice President-Vehicle Marketing 2150 North State Road 7, Lauderdale Lakes, FL 33313

Stephen N. McCarty, Vice President-Human Resources 2150 North State Road 7, Lauderdale Lakes, FL 33313

Jay J. Ryan, Vice President-Finance 2150 North State Road 7, Lauderdale Lakes, FL 33313

Robert J. Albrecht, Vice President 6800 North Dale Mabry Highway #158, Tampa, FL 33614

William A. Lafferty, Vice President-Rental 6800 North Dale Mabry Highway #158, Tampa, FL 33614