

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

95 MAY - 1 PM 2: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Lanika B. Mortimer Secretary of State Tallahassee, Florida 32399-0400
---	---	--

**DOCUMENT # 596809 (4)**

1. Corporation Name  
**EXPERT LEASING, INC.**

Principal Place of Business: **C/O BUDGET RENT A CAR CORP. 4225 NAPERVILLE RD. LISLE IL 60532**

Mailing Address: **4225 NAPERVILLE ROAD 4225 NAPERVILLE RD LISLE IL 60532 US**

2. Principal Place of Business	26. Mailing Address
21. State, Apt. # etc.	26. State, Apt. # etc.
22. City & State	27. City & State
24. Zip	29. Zip
25. County	30. Country

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified	3a. Date of Last Report
12/01/1978	04/27/1994
4. FEI Number	Applied For
59-1875471	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
8751 WEST BROWARD BLVD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

11. Pursuant to the provisions of Sections 607.1507 and 607.1508 Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0403, Florida Statutes.

SIGNATURE: *Lanika B. Mortimer* (Secretary of State)

12. OFFICERS AND DIRECTORS

1. TITLE	V
2. NAME	OLSBURG, JEFFREY E
3. STREET ADDRESS	4225 NAPERVILLE ROAD
4. CITY, ST, ZIP	LISLE IL
5. TITLE	P
6. NAME	PLAMONDON, WILLIAM N
7. STREET ADDRESS	4225 NAPERVILLE ROAD
8. CITY, ST, ZIP	LISLE IL
9. TITLE	T
10. NAME	MCSHEA, KEVIN
11. STREET ADDRESS	4225 NAPERVILLE ROAD
12. CITY, ST, ZIP	LISLE IL
13. TITLE	S
14. NAME	APRATI, ROBERT L
15. STREET ADDRESS	4225 NAPERVILLE ROAD
16. CITY, ST, ZIP	LISLE IL
17. TITLE	T
18. NAME	WORTHLEY, STEPHEN G
19. STREET ADDRESS	4225 NAPERVILLE ROAD
20. CITY, ST, ZIP	LISLE IL
21. TITLE	D
22. NAME	LUCKWALDT, HERBERT B
23. STREET ADDRESS	4225 NAPERVILLE ROAD
24. CITY, ST, ZIP	LISLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Olsberg, Jeffrey E.	
3. STREET ADDRESS	4225 Naperville Rd.	
4. CITY, ST, ZIP	Lisle, Illinois 60532	
5. TITLE	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Plamondon, William N.	
7. STREET ADDRESS	4225 Naperville Rd.	
8. CITY, ST, ZIP	Lisle, IL 60532	
9. TITLE	DVCF0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	McShea, Kevin	
11. STREET ADDRESS	4225 Naperville Rd.	
12. CITY, ST, ZIP	Lisle, IL 60532	
13. TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	Aprati, Robert L.	
15. STREET ADDRESS	4225 Naperville Rd.	
16. CITY, ST, ZIP	Lisle, IL 60532	
17. TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	Worthley, Stephe G.	
19. STREET ADDRESS	4225 Naperville Rd.	
20. CITY, ST, ZIP	Lisle, IL 60532	
21. TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Luckwaldt, Herbert B	
23. STREET ADDRESS	4225 Naperville Rd.	
24. CITY, ST, ZIP	Lisle, Illinois 60532	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or was already listed with an addition.

SIGNATURE: *Jeffrey E. Olsberg* Jeffrey E. Olsberg 4/28/95

15. TITLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR