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Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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  
LISLE IL 60532-3656  
US



3. Date Incorporated or Qualified 12/01/1978	3a. Date of Last Report 05/20/1996
4. FEI Number 59-1875471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	OLSBERG, JEFFREY E	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	DCEO	<input checked="" type="checkbox"/> DELETE
NAME	PLAMONDON, WILLIAM N	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWER, JOHN W.	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	APRATI, ROBERT L	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WORTHLEY, STEPHEN G	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FINLEY, DAVID M.	
STREET ADDRESS	4225 NAPERVILLE ROAD	
CITY-ST-ZIP	LISLE IL 60532	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Terrence F. Marrs	
1.3 STREET ADDRESS	4225 Naperville Rd.	
1.4 CITY-ST-ZIP	Lisle, IL 60532	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David Rapier	
2.3 STREET ADDRESS	4225 Naperville Rd.	
2.4 CITY-ST-ZIP	Lisle, IL 60532	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 trustee 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 on an attachment with an address.

SIGNATURE:

*Jeffrey E. Olsberg*

Jeffrey E. Olsberg

4/7/97

(630)955-7609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/96)