

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

**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
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/01/1978	3a. Date of Last Report 05/20/1996
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1875471	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

85. Zip Code

FL

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 _____ (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** 4/7/97 (630)955-7609

DATE: _____ DAYTIME PHONE: _____

CP2E034 (9/96)