

ACCOUNT NO.

072100000032

REFERENCE

642291

7155110

AUTHORIZATION

ORDER DATE: June 27, 2002

ORDER TIME :

10:54 AM

ORDER NO. : 642291-575

CUSTOMER NO:

7155110

-300006138583--4

CUSTOMER:

Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME: AVIS RENT A CAR SYSTEM, INC.

MOLIVED AS REISIMIG بب

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

the undersigned corporation organi	zed under the laws of the State o	f Delaware	·
submits the following statement in c the State of Florida.	1		
1. The name of the corporation:			
AVIS RENT A CAR SYSTEM, INC.			
2. The mailing address of the corpora			
6 Sylvan Way, Parsippany, N	07054		
3. Date of incorporation/qualificatio	n: 02/24/1959 Docu	ment number: 8134	23
4. The name and address of the curre	nt registered agent and office:		
C T Corporation Sys	stem		8 8
	land Road		
Plantation, FL 333	24		
5. The name and address of the new r	egistered agent (if changed) and (P. O. Box Not Acceptable)	or registered office	if changed
Corporation Service	Company	<u> </u>	
1201 Hays Street	<u> </u>		· ·
Tallahassee, Florid	a 32301		
The street address of its registered of agent, as changed, will be identical.	fice and the street address of the	e business office of	its registered
Such change was authorized by resol authorized by the board.	ution duly adopted by its board	of directors or by ar	officer so
(Signature of an officer, chairman or vio	- 10 1/1	06/24/2002 (Date)	
Mauroon Culler Patron	·	(Zuic)	
Maureen Cullen, Attorney-in-Fact (Printed or typed name	and title)	e e e	· · · · · · · · · · · · · · · · · · ·
Having been named as registered age corporation, I hereby accept the apple I further agree to comply with the preperformance of my duties, and I am foregistered agent.	ent and to accept service of proc pintment as registered agent and pvisions of all statutes relative to amiliar with and accept the obli	cess for the above st d agree to act in this o the proper and co igation of my positic	ated s capacity. mplete on as
Low Siacarlo		05/54/555	
(Signature of Registered Agent)	(Date)	<u> </u>
If signing on behalf of an entity:			
Lou Giaccardo	Asst. Vi	ce President	
(Typed or Printed Name)		(Capacity)	 :
* *	* FILING FEE: \$35.00 * * *		

CR2E045(9/00)