

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JAN 31 AM 9:23

**DOCUMENT # 844585 (0)**

1. Corporation Name

**U-SAVE AUTO RENTAL OF AMERICA, INC.**

Principal Place of Business

7525 CONNELLEY DR., STE. A  
HANOVER MD 21076

Mailing Address

7525 CONNELLEY DR., STE. A  
HANOVER MD 21076

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/14/1979

3a. Date of Last Report

03/29/1994

4. FEI Number

56-1254970

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                             |
|----------------|-----------------------------|
| TITLE          | P                           |
| NAME           | HOWLEY, VINCENT H.          |
| STREET ADDRESS | 7525 CONNELLEY DR., STE A   |
| CITY-ST-ZIP    | HANOVER MD                  |
| TITLE          | VPD                         |
| NAME           | EIKENBERG, PAUL D.          |
| STREET ADDRESS | 7525 CONNELLEY DR., SUITE A |
| CITY-ST-ZIP    | HANOVER MD                  |
| TITLE          | SD                          |
| NAME           | LAPLACA, M. MICHAEL         |
| STREET ADDRESS | 1819 H ST, NW., #550        |
| CITY-ST-ZIP    | WASHINGTON DC               |
| TITLE          | T                           |
| NAME           | ROTH, SHARON                |
| STREET ADDRESS | 7525 CONNELLEY DR., STE. A  |
| CITY-ST-ZIP    | HANOVER MD                  |
| TITLE          | D                           |
| NAME           | DELP, JAMES                 |
| STREET ADDRESS | 2240 Q STREET               |
| CITY-ST-ZIP    | LINCOLN NE                  |
| TITLE          | D                           |
| NAME           | GOSSETT, STEVE              |
| STREET ADDRESS | 5901 VIRGINIA BCH BLV       |
| CITY-ST-ZIP    | NORFOLK VA                  |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

January 23, 1995 410-760-8727

**U-SAVE  
AUTORENTAL.**

7525 Connelley Drive, Suite A  
Hanover, MD 21076  
410/760-8728  
Nationwide 800/272-U-SAV

**1994-95 Board of Directors**

Jim Delp  
2240 Q Street  
Lincoln, NE 68503

M. Michael LaPlaca, Esq.  
1819 H Street, NW, Suite 550  
Washington, DC 20006

Paul D. Eikenberg  
7525 Connelley Drive  
Hanover, MD 21076

Lewis Parham, Jr., Esq.  
1329 E. Morehead Street  
Charlotte, NC 28204

L. Steve Gossett  
5901 Virginia Beach Blvd.  
Norfolk, VA 23502

James F. Walker  
6400 Fairview Road  
Charlotte, NC 28210

Zane Ketner  
1020 Organ Church Road  
Salisbury, NC 28146

**1994-95 Principal Officers of Corporation**

Vincent H. Howley, President  
Paul D. Eikenberg, Vice President - Operations  
Timothy D. McGowan, Vice President - Development  
M. Michael LaPlaca, Secretary  
Sharon A. Roth, Treasurer

03/94

Nationwide Toll-Free Reservations 800/272-U-SAV

U - S A V E A U T O R E N T A L