

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified 11/14/1979	3a. Date of Last Report 01/31/1995
4. FEI Number 56-1254970	Applied For ☐ 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 ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. State, Apt. #, etc.	26. State, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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: _____ (Note: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director
NAME	HOWLEY, VINCENT H.	1.2 NAME	EIKENBERG, Paul D.
STREET ADDRESS	7525 CONNELLEY DR., STE A	1.3 STREET ADDRESS	7525 Connelley Drive, Suite A
CITY-ST-ZIP	HANOVER MD	1.4 CITY-ST-ZIP	Hanover, MD 21076
TITLE	VPD	2.1 TITLE	VP
NAME	EIKENBERG, PAUL D.	2.2 NAME	HOUCK, ROBERT C.
STREET ADDRESS	7525 CONNELLEY DR., SUITE A	2.3 STREET ADDRESS	7525 Connelley Drive, Suite A
CITY-ST-ZIP	HANOVER MD	2.4 CITY-ST-ZIP	Hanover, MD 21076
TITLE	SD	3.1 TITLE	Director
NAME	LAPLACA, M. MICHAEL	3.2 NAME	KETNER, ZANE
STREET ADDRESS	1819 H ST, NW., #550	3.3 STREET ADDRESS	1020 Organ Church Road
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	Salisbury, NC 28146
TITLE	T	4.1 TITLE	Director
NAME	ROTH, SHARON	4.2 NAME	PARHAN, JR., LEWIS
STREET ADDRESS	7525 CONNELLEY DR., STE. A	4.3 STREET ADDRESS	1329 E. Morehead Street
CITY-ST-ZIP	HANOVER MD	4.4 CITY-ST-ZIP	Charlotte, NC 28204
TITLE	D	5.1 TITLE	Director
NAME	DELP, JAMES	5.2 NAME	WALKER, JAMES F.
STREET ADDRESS	2240 Q STREET	5.3 STREET ADDRESS	6400 Fairview Road
CITY-ST-ZIP	LINCOLN NE	5.4 CITY-ST-ZIP	Charlotte, NC 28210
TITLE	D	6.1 TITLE	
NAME	GOSSETT, STEVE	6.2 NAME	
STREET ADDRESS	5901 VIRGINIA BCH BLV	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	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 119.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHARON A. ROTH

01/22/96

(410) 760-8727

CR2E034 (12/95)