


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 # **852627** (9)

1. Corporation Name
BUDGET RENT-A-CAR SYSTEMS, INC.



Principal Place of Business 4225 NAPERVILLE RD. LISLE IL 60532	Mailing Address 4225 NAPERVILLE RD. LISLE IL 60532-9656
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1982	3a. Date of Last Report 04/17/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 36-2603118		Applied For 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
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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

Signature of a person other than registered agent and file if applicable.

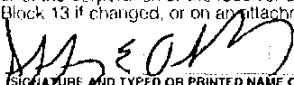
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLAMONDON, WILLIAM N.	1.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	1.4 CITY- ST- ZIP	
TITLE	CEO /D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZEE, JACK A.	2.2 NAME	
STREET ADDRESS	4225 NAPERVILLE ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	2.4 CITY- ST- ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORTHLEY, STEPHEN G.	3.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	3.4 CITY- ST- ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSBERG, JEFFREY E.	4.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD	4.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	4.4 CITY- ST- ZIP	
TITLE	V /S/D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APRATI, ROBERT L.	5.2 NAME	
STREET ADDRESS	4225 NAPERVILLE RD	5.3 STREET ADDRESS	
CITY- ST- ZIP	LISLE IL	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrence F. Marra	6.2 NAME	
STREET ADDRESS	4225 Naperville Rd.	6.3 STREET ADDRESS	
CITY- ST- ZIP	Lisle, IL 60532	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)(i), 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:


Jeffrey Olsberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/97
Date

(630)955-7609
Daytime Phone #

0483013

CR2E034 (9/96)