Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90040 004 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 852627

1. Corporation Name

BUDGET	r Rent-A-Car Systems, In	NC.			
Principal Plac	e of Business	Mailing Address		- 1 (88)8) telat sitte tiete ette tieti iest eiett e	iffit flifte gifte fifte Lifet effe
4225 NAPERVILLE RD. 4225 NAPERVILLE RD. LISLE IL 60532 LISLE IL 60532				DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed 04/20/1982	
2. Principal F	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		36-2603118	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	ie .	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip C 29 30	ountry	This corporation owes the current year Int Personal Property Tax.	angible □ Yes □ No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	CORRORATION CYCTEM		81 Name		i
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
			83		
			84 City	FL	85 Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was authorations of, Section 607.0505, Florida Si	ed by the corporation atutes.	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint the appointment that the appointment that appointment the appointment the appointment th	ntment as registered
	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Registe	red Agent signature required	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	CEO OFFICERS AN		TITLE	ADDITIONAL OLD TO OTT TOLENO TO	☐ Change ☐ Addition
NAME	MILLER, SANFORD	-	NAME		-
STREET ADDRESS	AND DAOIN OF		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL 32114		CITY-ST-ZIP		ļ
TITLE	VI		TITLE		☐ Change ☐ Addition
NAME	WORTHLEY, STEPHEN G.	2.3	NAME		
STREET ADDRESS	AGOS ALADEDIGILE DO	2.3	STREET ADDRESS		
_CITY-ST-ZIP	LISLE IL .	2.	4 CITY-ST-ZIP		
TITLE	AT	☐ DELETE 3.	ITTLE		☐ Change ☐ Addition
NAME	OLSBERG, JEFFREY E.	3.3	NAME	•	
STREET ADDRESS	4225 NAPERVILLE RD	3.3	STREET ADDRESS		
CETY-ST-ZIP	LISLE IL	3,	I. CTTY-ST-ZIP .		
TITLE	V	DELETE 4.	TITLE		☐ Change ☐ Addition
NAME	APRATI, ROBERT L.	4.	2 NAME		
STREET ADDRESS		4.3	STREET ADDRESS		
CITY-ST-ZIP	LISLE IL		CITY-ST-ZIP		
TITLE			TITLE		☐ Change ☐ Addition
NAME	(<u> </u>	NAME		
STREET ADDRESS	3	i	S STREET ADDRESS		ĺ
CITY-ST-ZIP		5.4	CITY-ST-ZIP		
TITLE		□ DELETE 6.	TITLE		☐ Change ☐ Addition }

14. I 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 thanged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

TITE REQJEFFREVE. Olsberg Vice President
INTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/1/98 630-955-7329