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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

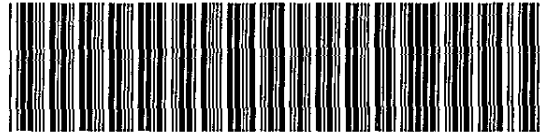
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DIVISION OF CORPORATION



400015022404

04/18/03--01047--019 **70.00

04/18/03--01047--020 **8.75

FILED
03 APR 18 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

April 18, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5832535 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Enterprise Vehicle Exchange, Inc. (DE)
Qualification
Florida

Enterprise Vehicle Exchange, Inc. (DE)
Certificate of Status/Authorization-Foreign
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CT CORPORATION

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley_Mitchell@cch-lis.com

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Enterprise Vehicle Exchange, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware 3. 56-2325629
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 6, 2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. c/o APEX 2036 Washington Street Hanover, MA 02339
(Principal office address)
- c/o APEX 2036 Washington Street Hanover, MA 02339
(Current mailing address)

8. To act as Qualified Intermediary under Internal Revenue Code Section 1031 and related matters.
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road,

Plantation, , Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: [Signature]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached

Address: _____

Vice Chairman: See Attached

Address: _____

Director: See Attached

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See Attached

Address: _____

Vice President: _____

Address: _____

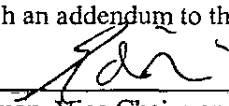
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Edwin Rivera, President
(Typed or printed name and capacity of person signing application)

Enterprise Vehicle Exchange, Inc.

2036 Washington Street
Hanover, MA 02339

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TALLAHASSEE, FLORIDA

Officers:

Edwin Rivera, President & Secretary
2036 Washington Street, Hanover, MA 02339
Dawn Shuster, Executive Vice President
2036 Washington Street, Hanover, MA 02339
Brenton J. Allen, Senior Vice President
2036 Washington Street, Hanover, MA 02339
Nicholas A. Scarabino, Senior Vice President
4 New York Plaza, New York, NY 10004
Kathleen D. Gallivan, Senior Vice President
2036 Washington Street, Hanover, MA 02339
Jody Meth, Senior Vice President
4 New York Plaza, New York, NY 10004
Andrew F. Gelson, Senior Vice President
2036 Washington Street, Hanover, MA 02339
William P. Lopriore, Jr., Senior Vice President
2036 Washington Street, Hanover, MA 02339
Kristen M. Santos, Senior Vice President, Treasurer & Controller
2036 Washington Street, Hanover, MA 02339
Edward R. Zaval, Vice President
2036 Washington Street, Hanover, MA 02339

Directors:

Edwin Rivera
2036 Washington Street, Hanover, MA 02339
Dawn L. Shuster
2036 Washington Street, Hanover, MA 02339
Kathleen D. Gallivan
2036 Washington Street, Hanover, MA 02339

Delaware

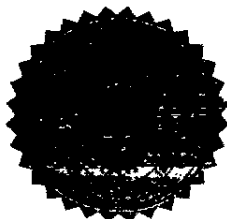
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SECRETARY OF STATE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENTERPRISE VEHICLE EXCHANGE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF APRIL, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.



3632931 8300

030251432

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2370298

DATE: 04-16-03