

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 PM 4: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 Chg-P CR2E034 (10/03)

DOCUMENT # F03000004141 1. Entity Name VANGUARD CAR RENTAL CLAIMS INC.					
Principal Place of Business 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301			Mailing Address 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 6929 N. Lakewood Ave Suite 100		3. Mailing Address 6929 N. Lakewood Ave. Suite 100			
City & State Tulsa, OK		City & State Tulsa, OK		4. FEI Number 75-3123550	
Zip 74117-1808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LOBECK, WILLIAM 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO PARELL, JEFF 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO LAUX, DOUG 200 SOUTH ANDREWS AVENUE Same as office FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFD/D Thomas C. Kennedy 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, HOWARD 200 SOUTH ANDREWS AVENUE Same as office FT. LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILSON, LELAND 200 SOUTH ANDREWS AVENUE Same as office FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T Gerard J. Kennell 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUBIN, CLARK 200 SOUTH ANDREWS AVENUE Same as office FT. LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		600046816686 02/17/05--01058--007 **150.00		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			Howard D. Schwartz, Director		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/5/05 Daytime Phone # 918-401-6403		