


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004141
 1. Entity Name
VANGUARD CAR RENTAL CLAIMS INC.



Principal Place of Business Mailing Address
6929 N. LAKEWOOD AVE., STE. 100 **6929 N. LAKEWOOD AVE., STE. 100**
TULSA, OK 74117-1808 **TULSA, OK 74117-1808**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-F CR2E034 (11/05)

4. FEI Number Applied For
75-3123550 Not Applicable

5. Certificate of Status Desired **\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

UN0000400334
 02/01/06 00040 007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	LOBECK, WILLIAM
STREET ADDRESS	6929 N. LAKEWOOD AVE., STE. 100
CITY-ST-ZIP	TULSA, OK 741171808
TITLE	VCOO
NAME	PARELL, JEFF
STREET ADDRESS	6929 N. LAKEWOOD AVE., STE. 100
CITY-ST-ZIP	TULSA, OK 741171808
TITLE	VSD
NAME	SCHWARTZ, HOWARD
STREET ADDRESS	6929 N. LAKEWOOD AVE., STE. 100
CITY-ST-ZIP	TULSA, OK 74117
TITLE	EVPC
NAME	KENNEDY, THOMAS C
STREET ADDRESS	6929 N. LAKEWOOD AVE., STE. 100
CITY-ST-ZIP	TULSA, OK 741171808
TITLE	SVPT
NAME	KENNEL, GERARD J
STREET ADDRESS	6929 N. LAKEWOOD AVE., STE. 100
CITY-ST-ZIP	TULSA, OK 741171808
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1/20/06 918-401-6403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #