

F03000004141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

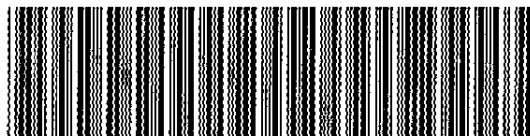
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100022238311

08/19/03--01012--015 \*\*70.00

RECEIVED  
03 AUG 19 AM 11:09  
DIVISION OF CORPORATION

*BR*

FILED  
03 AUG 19 PM 1:09  
TALLAHASSEE, FLORIDA

**CT CORPORATION**

August 19, 2003

FILED  
03 AUG 19 PM 1:09  
TALLAHASSEE, FLORIDA

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

Re: Order #: 5864856 WO  
Customer Reference 1: 014951.0456  
Customer Reference 2: Vanguard Claims

Dear Secretary of State, Florida:

Please file the attached:

Vanguard Car Rental Claims Inc. (DE)  
Qualification  
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.

Sincerely,

Melanie S Strickland  
Fulfillment Specialist  
Melanie\_Strickland@cch-lis.com

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

03 AUG 19 PM 1:09  
FILED  
TALLAHASSEE, FLORIDA

1. Vanguard Car Rental Claims 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. 75-3123550  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/14/2003 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. 200 South Andrews Avenue, Fort Lauderdale, FL 33301  
(Principal office address)  
same  
(Current mailing address)

8. Claims administration and adjusting and related services  
(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/o 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

**Robin LaPeters**  
**Assistant Secretary**

By: Robin LaPeters

(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.

FILED  
03 AUG 19 PM 1:09  
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: SEE ATTACHMENT

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: SEE ATTACHMENT

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

14. Howard D. Schwartz, Senior Vice President  
(Typed or printed name and capacity of person signing application)

# VANGUARD CAR RENTAL CLAIMS INC.

## Officers & Directors

Officers	Title(s)	Business Address	Residence Address
William Lobeck	President, CEO	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	1132 S. Lewis Avenue Tulsa, OK 74104
Jeff Parell	EVP, COO	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	7413 Gleason Road Edina, MN 55439
Doug Laux	SVP, CFO	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	125 N. Park Avenue Hinsdale, IL 60521
Howard Schwartz	SVP, Secretary	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	843 W. Coco Plum Circle Plantation, FL 33324
Leland Wilson	SVP, Treasurer	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	54 N.W. 108 <sup>th</sup> Terrace Plantation, FL 33324
Clark Dubin	Assistant Secretary	200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	9351 N.W. 18 <sup>th</sup> Manor Plantation, FL 33322
<b>Directors</b>			
William Lobeck		200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	1132 S. Lewis Avenue Tulsa, OK 74104
Howard Schwartz		200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	843 W. Coco Plum Circle Plantation, FL 33324
Leland Wilson		200 South Andrews Avenue Fort Lauderdale, Florida 33301-1864	54 N.W. 108 <sup>th</sup> Terrace Plantation, FL 33324

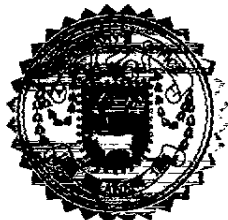
# Delaware

*The First State*

FILED  
03 AUG 19 PM 1:09  
STATE  
TALLAHASSEE, FLORIDA  
PAGE

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VANGUARD CAR RENTAL CLAIMS 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 FOURTEENTH DAY OF AUGUST, A.D. 2003.

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



3681143 8300

030532099

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2583813

DATE: 08-14-03