

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 FEB -7 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004145 1. Entity Name NATIONAL RENTAL (US) 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.		3. Mailing Address 6929 N. Lakewood Ave.			
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100			
City & State Tulsa, OK		City & State Tulsa, OK			
Zip 74117-1808	Country USA	Zip 74117-1808	Country USA	4. FEI Number 75-3123543	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 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 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, HOWARD 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILSON, LELAND 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> Gerard J. Kennell 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBECK, WILLIAM 200 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33301 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div> 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div> SVP/CFD/D Thomas C. Kennedy 6929 N. Lakewood Avenue, Suite 100 Tulsa, OK 74117-1808	
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<small>Daytime Phone #</small>			918-401-6403		