2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # F03000004187 1. Entity Name 04-19-2004 90370 010 ***150.00 NATIONAL RENTAL GROUP FINANCING INC. Principal Place of Business Mailing Address 7700 FRANCE AVE. SOUTH MINNEAPOLIS, MN 55425 7700 FRANCE AVE SOUTH MUNNEAPOLIS, MN 55425 2. Principal Place of Busines CR2E034 (10/03) 04072004 Cha-P Applied For 4. FE'i Number 2400 APPLIED FOR /4 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP Delete TITLE Change Addition igueroa Or 18 Wall St. Orando PLATTUS, SETH NAME NAME STREET ADDRESS 450 PARK AVE, 28TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-70P ST TITLE TITLE Delete ☐ Change Addition Floravanti, Albert NAME GOLD, BRAD NAME 450 PARK AVE, 28TH FLOOR 48 wall st. STREET ADDRESS STREET ADDRESS CITY-ST-74P NEW YORK, NY 10022 CITY-ST-74P sew york, NY 1000 Addition MILE Delete TITLE ☐ Change Abedine, Benjam 48 wall St. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE NAME 48 Wall Street STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 10005 TELLE ☐ Delete πŒ ☐ Change Addition Gordon, Juli NAME NAME STREET ADDRESS STREET ADDRESS 48 Mail Street CITY-ST-7IP CITY-ST-7/P New york 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 eath; 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: SIGNATURE AND TYPED OR

FILED