
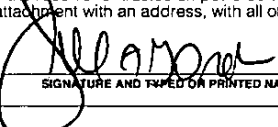


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 PM 4: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004187					
1. Entity Name NATIONAL RENTAL GROUP FINANCING INC.					
Principal Place of Business 48 WALL STREET 27TH FLOOR NEW YORK, NY 10005			Mailing Address 48 WALL STREET 27TH FLOOR NEW YORK, NY 10005		
2. Principal Place of Business 6929 N. Lakewood Ave.		3. Mailing Address 6929 N. Lakewood Ave.			
Suite, Apt. #, etc. Suite 100 Mod 1.2 202		Suite, Apt. #, etc. Suite 100 Mod 1.2 202			
City & State Tulsa, OK		City & State Tulsa, OK			
Zip 74117-1808	Country USA	Zip 74117-1808	Country USA	4. FEI Number 14-1892900	
				Applied For <input type="checkbox"/> Not Applicable	
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	DPT FIGUEROA, ORLANDO 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jill A. Gordon 48 Wall Street, 27th Floor New York, NY 10005 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS FIORAVANTI, ALBERT 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABEDINE, BENJAMIN 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, MARY 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100046817211 02/17/05--01058--020 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GEBRON, LORI 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GORDON, JILL 48 WALL ST NEW YORK, NY 10005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 is 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:  Jill A. Gordon, Vice President 2/2/05 and Asst. Sec. Date Daytime Phone #					