

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # F03000004187

1. Entity Name
NATIONAL RENTAL GROUP FINANCING INC.



Principal Place of Business
**6929 N. LAKEWOOD AVE.
SUITE 100 MOD 1.2 202
TULSA, OK 74117-1808**

Mailing Address
**6929 N. LAKEWOOD AVE.
SUITE 100 MOD 1.2 202
TULSA, OK 74117-1808**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
14-1892900

Applied For
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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IN THIS SPACE**

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 _____

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DPT
FIGUEROA, ORLANDO
48 WALL ST
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DVS
FIORAVANTI, ALBERT
48 WALL ST
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
ABEDINE, BENJAMIN
48 WALL ST
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
BRADY, MARY
48 WALL ST
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DAS
GEBRON, LORI
48 WALL ST
NEW YORK, NY 10005**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ASVP
GORDON, JILL
48 WALL ST
NEW YORK, NY 10005**

110000394579
01/25/06-80030-022 150.00

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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: _____

**Jill A. Gordon, Vice President
& Asst. Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # _____