

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morhami  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F93000001081 (9)**

1. Corporation Name

**NATIONWIDE COMMERCIAL CO.**

Principal Place of Business

% U-HAUL INTERNATIONAL, INC.  
2721 N. CENTRAL AVENUE  
PHOENIX AZ 85004

Mailing Address

% U-HAUL INTERNATIONAL, INC.  
2721 N. CENTRAL AVENUE  
PHOENIX AZ 85004



2. Principal Place of Business

2a. Mailing Address

21 Subst. App. #, etc.

26 Subst. App. #, etc.

22 Co. & State

27 Co. & State

23 Zip

25 County

28 Zip

25 County

24

25

29

25

29

9. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
PLANTATION FL 33324**

3. Date Incorporated or Qualified

**02/26/1993**

3a. Date of Last Report

**01/26/1995**

4. FEI Number

**36-2550239**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.076, Florida Statutes.

SIGNATURE

Name of Agent or Officer or Director (Type or Print Name)

Name of Registered Agent (Type or Print Name)

Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

12	C	<input type="checkbox"/> DELETE
TITLE	<b>SHOEN, EDWARD J</b>	
NAME	<b>2727 N. CENTRAL AVENUE</b>	
STREET ADDRESS	<b>PHOENIX AZ 85004</b>	
CITY, STATE, ZIP		
13	VCP	<input type="checkbox"/> DELETE
TITLE	<b>BAYER, CHARLES J</b>	
NAME	<b>2721 N. CENTRAL AVENUE</b>	
STREET ADDRESS	<b>PHOENIX AZ 85004</b>	
CITY, STATE, ZIP		
14	DS	<input checked="" type="checkbox"/> DELETE
TITLE	<b>KLINEFELTER, GARY V</b>	
NAME	<b>2721 N. CENTRAL AVENUE</b>	
STREET ADDRESS	<b>PHOENIX AZ 85004</b>	
CITY, STATE, ZIP		
15	T	<input checked="" type="checkbox"/> DELETE
TITLE	<b>HORTON, GARY B</b>	
NAME	<b>2721 N. CENTRAL AVENUE</b>	
STREET ADDRESS	<b>PHOENIX AZ 85004</b>	
CITY, STATE, ZIP		
16	Assistant Secretary	<input type="checkbox"/> DELETE
TITLE	<b>John A. Lorentz</b>	
NAME	<b>2721 N. Central Avenue</b>	
STREET ADDRESS	<b>Phoenix, ARIZONA -85004</b>	
CITY, STATE, ZIP		
17	Assistant Secretary	<input type="checkbox"/> DELETE
TITLE	<b>J. Scott Askew</b>	
NAME	<b>2721 N. Central Avenue</b>	
STREET ADDRESS	<b>Phoenix, Arizona 85004</b>	
CITY, STATE, ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, STATE, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, STATE, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, STATE, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, STATE, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, STATE, ZIP	

Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Donald Wm. Murney</b>	
<b>2721 N. Central Avenue</b>	
<b>Phoenix, Arizoan 85004</b>	
Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Donald Wm. Murney</b>	
<b>2721 N. Central Avenue</b>	
<b>Phoneix, Arizoan 85004</b>	
Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Rocky Wardrip</b>	
<b>Same as above</b>	
Assistant Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Joan Krawcheck</b>	
<b>Same as above</b>	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached list with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John A. Lorentz, Assistant Secretary**

1/16/96 (602) 263-6645  
Date Fee Phone

CR2E034 (12/95)