

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90050 032 ***150.00

DOCUMENT # F95000002147

1. Corporation Name

NATIONAL CAR RENTAL SYSTEM, INC.



Principal Place of Business

7700 FRANCE AVE. S.
MINNEAPOLIS MN 55435

Mailing Address

110 SE 6TH ST
FT LAUDERDALE FL 33301
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1995

4. FEI Number

41-1808000

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 7700 France Ave. S.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

29 55435

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME LOBECK, WM. E. JR.
STREET ADDRESS 110 SE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME Robert L. Briggs
1.3 STREET ADDRESS 7700 France Ave S
1.4 CITY-ST-ZIP Minneapolis, MN 55435

TITLE VSD ☐ DELETE
NAME COLE, JAMES O
STREET ADDRESS 110 SE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME The rest is same
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HAWKINS, THOMAS W
STREET ADDRESS 110 SE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☒ DELETE
NAME HYLE, KATHLEEN
STREET ADDRESS 110 SE 6TH ST
CITY-ST-ZIP FT LAUDERDALE FL 33301

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Marc Bourhis
4.3 STREET ADDRESS 200 S. Andrews Ave
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition
5.2 NAME John M. Benzian
5.3 STREET ADDRESS 7700 France Ave. S.
5.4 CITY-ST-ZIP Minneapolis, MN 55435

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE V ☐ Change ☒ Addition
6.2 NAME Robert G. Dimmick
6.3 STREET ADDRESS 7700 France Ave. S.
6.4 CITY-ST-ZIP Minneapolis, MN 55435

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1999 612/830-2552

Date

Daytime Phone #

CR2E034 (11/98)