2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 22, 2001 08:00 AM DOCUMENT # F9500002147 1. Entity Name **Secretary of State** NATIONAL CAR RENTAL SYSTEM, INC. Principal Place of Business Mailing Address 200 S ANDREWS AVE 200 S ANDREWS AVE FORT LAUDERDALE FL FORT LAUDERDALE FL 33301 33301 US 2. Principal Place of Business 3. Mailing Address 200 S. ANDREWS AVE, 11TH FLOOR 200 S ANDREWS AVE, 11TH FLOOR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FORT LAUDERDALE FL FORT LAUDERDALE FL. 41-1808000 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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. SIGNATURE 02/22/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE VP X Change ☐ Addition DIMMICK MAME ROBERT NAME SOLETA LARRY 7700 FRANCE AVE S STREET ADDRESS STREET ADDRESS 200 S. ANDREWS AVE. MN 55435 CITY-ST-ZIP MINNEAPOLIS CITY-ST-ZIP FT. LAUDERDALE ☐ Delete TITLE VPT X Change NAME BENZIAN JOHN Μ NAME WILSON LELAND STREET ADDRESS 7700 FRANCE AVE S STREET ADDRESS 200 S. ANDREWS AVE. CITY-ST-ZIP MINNEAPOLIS MN 55435 CITY-ST-ZIP FT. LAUDERDALE FL33301 ☐ Delete TITLE VΡ X Change ☐ Addition BOURHIS BRANSCOMB NAME RENEE STREET ADDRESS 200 S. ANDREWS AVE STREET ADDRESS 200 S. ANDREWS AVE. CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT. LAUDERDALE FL. 33301 ☐ Delete TITLE Change Addition HAWKINS NAME LIEBERMAN SCOTT STREET ADDRESS 110 SE 6TH ST STREET ADDRESS 200 S. ANDREWS AVE. CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT. LAUDERDALE 33301 FLTITLE D Delete TITLE D X Change ☐ Addition COLE **JAMES** NAME SCHWARTZ HOWARD STREET ADDRESS 110 SE 6TH ST STREET ADDRESS 200 S. ANDREWS AVE. CITY-ST-ZIP FT LAUDERDALE 33301 CITY-ST-ZIP FT. LAUDERDALE FL33301 ☐ Delete TITLE Change ☐ Addition BRIGGS ROBERT NAME HYLE KATHLEEN STREET ADDRESS 7700FRANCE AVE S STREET ADDRESS 200 S. ANDREWS AVE. CITY-ST-ZIP MINNEAPOLIS MN 55435 CITY-ST-ZIP FT. LAUDERDALE 33301 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

02/22/2001

Date

Daytime Phone #

Howard D. Schwartz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CHERYL SCULLY, ASSISTANT TREASURER 200 S. ANDREWS AVE.

FT. LAUDERDALE, FL 33301

MARY WOOD, DIRECTOR 200 S. ANDREWS AVE.

FT. LAUDERDALE, FL 33301