

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90463 003 \*\*\*150.00

**DOCUMENT # F95000003249**

1. Entity Name

**ASSOCIATES RENTAL SYSTEMS, INC.**

Principal Place of Business

P.O. BOX 660237  
DALLAS TX 75266-0237

Mailing Address

P.O. BOX 660237  
DALLAS TX 75266-0237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **51-0367486**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>COSTAS, STEPHEN J</b>	
STREET ADDRESS	<b>300 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>V/S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GREENE, PATRICK J.</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LISKOW, FREDERIC C</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, JOHN F</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLETTEN, MICHAEL</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PELKA, LAWRENCE J</b>	
STREET ADDRESS	<b>250 CARPENTER FRWY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>AVP &amp; ASEC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Michael J Frederick</b>	
STREET ADDRESS	<b>250 Carpenter Freeway</b>	
CITY-ST-ZIP	<b>Irving, TX 75062</b>	
TITLE	<b>Vice President &amp; Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Martin J Wong</b>	
STREET ADDRESS	<b>300 St. Paul Place</b>	
CITY-ST-ZIP	<b>Baltimore, MD 21202</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President / Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Roy A. Guthrie</b>	
STREET ADDRESS	<b>250 Carpenter Freeway</b>	
CITY-ST-ZIP	<b>Irving, TX 75062</b>	

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 and address have not been changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Michael J Frederick**  
**Ass't Vice President**  
**& Ass't Secretary**

CR2034 (10/00)