

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000006022**

1. Entity Name

RENTAL CAR FINANCE CORP.**FILED**
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90038 050 ***150.00

0601391

Principal Place of Business 5330 E. 31 ST., #100 TULSA OK 74135	Mailing Address 5330 E. 31 ST., #100 TULSA OK 74135
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	73-1483651	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent
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 State10. 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																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HILDEBRAND, STEVEN N</td><td></td></tr><tr><td>STREET ADDRESS</td><td>5330 E. 31 ST., #100</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>TULSA OK 74135</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	HILDEBRAND, STEVEN N		STREET ADDRESS	5330 E. 31 ST., #100		CITY-ST-ZIP	TULSA OK 74135		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Ryan

Date

4-18-01

(918) 669-2076

Daytime Phone #

CR2E034 (10/00)