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FILED

Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002597 (0)

1. Corporation Name

NATIONAL CAR RENTAL FINANCING CORPORATION

Principal Place of Business

7700 FRANCE AVENUE SOUTH
MINNEAPOLIS MN 55435

Mailing Address

7700 FRANCE AVENUE SOUTH
MINNEAPOLIS MN 55435-5296



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

FIRST YEAR

4. FEI Number

41-1834759

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 607.0502 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 of registered agent or officer of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	LOBECK JR, WILLIAM E	
STREET ADDRESS	7700 FRANCE AVENUE SOUTH	
CITY - ST - ZIP	MINNEAPOLIS MN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ZINTER, ERVIN A.	
2.3 STREET ADDRESS	7700 FRANCE AVENUE SOUTH	
2.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55435	
3.1 TITLE	T/ASST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BECKER, MICHAEL J.	
3.3 STREET ADDRESS	7700 FRANCE AVENUE SOUTH	
3.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55435	
4.1 TITLE	V/ASST. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	FREDENBURG, WESLEY C	
4.3 STREET ADDRESS	7700 FRANCE AVENUE SOUTH	
4.4 CITY - ST - ZIP	MINNEAPOLIS, MN 55435	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

Michael J. Becker

MICHAEL J. BECKER

2-20-97

(612) 830-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)