

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002597

09-22-2000 90004 038 \*\*\*\*61.25  
F96000002597

1. Entity Name

NATIONAL CAR RENTAL FINANCING CORPORATION **f**

FILED

00 SEP 22 PM 4: 10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

Two Wall Street

Suite, Apt. #, etc.

3. Mailing Address

Two Wall Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

c/o Lord Securities, 7th Flr c/o Lord Securities, 7th Flr

City & State

City & State

4. FEI Number

41-1834759

Applied For

Not Applicable

New York, NY

New York, NY

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

10005

10005

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, 2000 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          | VPAS--                    | <input type="checkbox"/> Delete            |
| NAME           | Sorensen, Peter H.        |  |
| STREET ADDRESS | Two Wall Street           |  |
| CITY-ST-ZIP    | New York, NY 10005        |  |
| TITLE          | DVPAS-                    | <input type="checkbox"/> Delete            |
| NAME           | Bilotta, Frank B.         |  |
| STREET ADDRESS | Two Wall Street           |  |
| CITY-ST-ZIP    | New York, NY 10005        |  |
| TITLE          | VPAS                      | <input type="checkbox"/> Delete            |
| NAME           | Jenkins, Dwight           |  |
| STREET ADDRESS | Two Wall Street           |  |
| CITY-ST-ZIP    | New York, NY 10005        |  |
| TITLE          | P--                       | <input checked="" type="checkbox"/> Delete |
| NAME           | Johnson, Ernest L.        |  |
| STREET ADDRESS | 200 S. Andrews Ave        |  |
| CITY-ST-ZIP    | Fort Lauderdale, FL 33301 |  |
| TITLE          | VPGF0-                    | <input checked="" type="checkbox"/> Delete |
| NAME           | Hyle, Kathleen W.         |  |
| STREET ADDRESS | 200 S. Andrews Ave.       |  |
| CITY-ST-ZIP    | Fort Lauderdale, FL 33301 |  |
| TITLE          | VPCLO                     | <input checked="" type="checkbox"/> Delete |
| NAME           | Lieberman, Scott,         |  |
| STREET ADDRESS | 200 S. Andrews Ave.       |  |
| CITY-ST-ZIP    | Fort Lauderdale, FL 33301 |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | DP                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | DVP                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | VP                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | DVPS               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Fioravanti, Albert |  |
| STREET ADDRESS | Two Wall Street    |  |
| CITY-ST-ZIP    | New York, NY 1005  |  |
| TITLE          | DAT                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Abidine, Benjamin  |  |
| STREET ADDRESS | Two Wall Street    |  |
| CITY-ST-ZIP    | New York, NY 10005 |  |
| TITLE          | DAS                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rezza, Lori        |  |
| STREET ADDRESS | Two Wall Street    |  |
| CITY-ST-ZIP    | New York, NY 10005 |  |

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

Peter H. Sorensen, President 212-346-9000  
Date 9/19/00 Daytime Phone #

CR2E034 (9/99)

9/22

Attachment # F9600002597  
 P0107413

Attachment to Amended 2000 Annual Report  
 of National Car Rental Financing Corporation

|  |  |  |
|--|--|--|
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>S</del><br>Schwartz, Howard D.<br>200 S. Andrews Ave.<br>Ft. Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>VPAS</del><br>Faiano, Richard<br>Two Wall Street<br>New York, NY 10005            | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>T</del><br>Wilson, Leland F.<br>Two Wall Street<br>New York, NY 10005             | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>AS</del><br>Benzian, John<br>7700 France Ave. So.<br>Minneapolis, MN 55435        | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>AS</del><br>Grady, James<br>200 S. Andrews Ave.<br>Ft. Lauderdale, FL 33301       | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>DP</del><br>Parrel, Jeffrey J.<br>7700 France Ave. So.<br>Minneapolis, MN 55435   | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>DVT</del><br>Martin, Joseph L.<br>7700 France Ave. So.<br>Minneapolis, MN 55435   | <input checked="" type="checkbox"/> Delete |
| Title<br>Name<br>Street Address<br>City-St-Zip | <del>PD</del><br>Parrel, Jeffrey J.<br>7700 France Ave. So.<br>Minneapolis, MN 55435   | <input checked="" type="checkbox"/> Delete |

attachment # F9600002597  
B0107413

**ANC** RENTAL CORPORATION



September 20, 2000

Department of State  
Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Amended Annual Report - National Car Rental Financing Corporation

Dear Sir/Madam:

Enclosed is an Amended Annual Report for the above-mentioned corporation together with a check in the amount of \$61.25 for the filing fee. Please file as soon as possible.

Please contact me directly should you have any questions. Thank you.

Very truly yours,

Iris Haibi  
Corporate Paralegal

VH  
enclosures