

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**  
 05-22-2001 90059 029 \*\*\*150.00

DOCUMENT # **F96000002597**  
 1. Entity Name  
**National Car Rental Financing Corporation**

Principal Place of Business Mailing Address  
**610 Lord Securities** **610 Lord Securities**  
**Two Wall Street** **Two Wall Street**  
**New York, NY 10005** **New York, NY 10005**

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 **41-1834759** Applied For  
 Not Applicable  
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CT Corporation System**  
**1200 S. Pine Island Rd.**  
**Plantation, FL 33024**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	Peter H. Sorensen		DPT	Christiansen, Dean A.	
STREET ADDRESS	Two Wall Street		STREET ADDRESS	Two Wall Street	
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP	New York, NY 10005	
TITLE	NAME	<input checked="" type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD	Frank B. Bilotta				
STREET ADDRESS	Two Wall Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Dwight Jenkins		D		
STREET ADDRESS	Two Wall Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPSD	Fioravanti, Albert				
STREET ADDRESS	Two Wall Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAT	Abedine, Benjamin				
STREET ADDRESS	Two Wall Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
DAS	Rezza, Lori				
STREET ADDRESS	Two Wall Street		STREET ADDRESS		
CITY-ST-ZIP	New York, NY 10005		CITY-ST-ZIP		

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: **Dwight Jenkins** **4/23/01** **954-320-6216**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)