


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 FEB -7 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002597 1. Entity Name NATIONAL CAR RENTAL FINANCING CORPORATION					
Principal Place of Business 48 WALL ST. 27TH FLOOR NEW YORK, NY 10005 US			Mailing Address 48 WALL ST. 27TH FLOOR NEW YORK, NY 10005 US		
2. Principal Place of Business 6929 N. Lakewood Ave.		3. Mailing Address 6929 N. Lakewood Ave.			
Suite, Apt. #, etc. Suite 100 Mod 1.2 202		Suite, Apt. #, etc. Suite 100 Mod 1.2 202			
City & State Tulsa, OK		City & State Tulsa, OK		4. FEI Number 41-1834759	
Zip 74117-1808		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 74117-1808		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <i>Flower</i> FIGUERA, ORLANDO 48 WALL ST., 27TH FLR. NEW YORK, NY 10005	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAS Mary L. Brady 48 Wall Street, 27th Floor New York, NY 10005
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <i>Gordon</i> GORDON, JILL 48 WALL ST., 27TH FLR. NEW YORK, NY 10005	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRADY, MARY L 48 WALL ST. NEW YORK, NY 10005	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ABEDINE, BENJAMIN 48 WALL ST. NEW YORK, NY 10005	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GEBRON, LORI 48 WALL ST. NEW YORK, NY 10005	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200046817122 02/17/05--01058--018 **150.00		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Change <input type="checkbox"/> Addition		12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Jill A. Gordon</i> 1127105 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					