
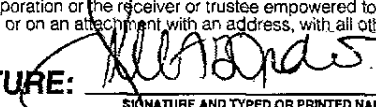


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002597		
1. Entity Name NATIONAL CAR RENTAL FINANCING CORPORATION		
Principal Place of Business 6929 N. LAKEWOOD AVE. SUITE 100 MOD 1.2 202 TULSA, OK 74117-1808 US	Mailing Address 6929 N. LAKEWOOD AVE. SUITE 100 MOD 1.2 202 TULSA, OK 74117-1808 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT FIGVOROA, ORLANDO 48 WALL ST., 27TH FLR. NEW YORK, NY 10005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPA BRADY, MARY L 48 WALL STREET, 27TH FLOOR NEW YORK, NY 10005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS GORDON, JILL A 48 WALL STREET, 27TH FLOOR NEW YORK, NY 10005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAT ABEDINE, BENJAMIN 48 WALL ST. NEW YORK, NY 10005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GEBRON, LORI 48 WALL ST. NEW YORK, NY 10005	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Jill A. Gordon, Vice President and Asst. Sec.		1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-1834759

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000001344343
01/26/06 80090-021 150.00

**DO NOT WRITE
IN THIS SPACE**