## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F96000002597

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

48 WALL ST.

GEBRON, LORI

48 WALL ST.

DAS

NEW YORK, NY 10005

NEW YORK, NY 10005

( ) Delete

FILED Feb 13, 2008 Secretary of State

Entity Nar	ne: NATIONA	AL CAR RENTAL FINANCING	CORPORATION				
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
SUITE 100	KEWOOD AV MOD 1.2 202 C 741171808	2					
Current Mailing Address:			New Maili	New Mailing Address:			
SUITE 100	KEWOOD AV MOD 1.2 202 C 741171808	2					
FEI Number:	41-1834759	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desired ( )		
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 SOU	ORATION SY TH PINE ISLA ON, FL 33324	ND ROAD					
The above in the State		submits this statement for the	purpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATUR							
	Electron	nic Signature of Registered Ag	gent		Date		
Election Can	npaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	FIGVOROA, OI 48 WALL ST., NEW YORK, N DVPA ( BRADY, MARY 48 WALL STRI NEW YORK, N VPAS (	27TH FLR. Y 10005 US ) Delete L EET, 27TH FLOOR	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	STUBBLEFIE 6929 N LAKE TULSA, OK 7 S (SMITH, PETE 6929 N LAKE TULSA, OK 7	X) Change ( ) Addition R WOOD AVE 4117 X) Change ( ) Addition		
Name: Address: City-St-Zip:	NEW YORK, N		Address: City-St-Zip:	ST LOUIS, M	RATE PARK DRIVE D 63105		
Title: Name:	DAT ( ABEDINE, BEN	) Delete JAMIN	Title: Name:	D ( TAYLOR, ANI	X) Change()Addition DREW		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: PETER SMITH S 02/13/2008

600 CORPORATE PARK DRIVE

600 CORPORATE PARK DRIVE

(X) Change ( ) Addition

ST LOUIS, MO 63105

ST LOUIS, MO 63105

ROSS, DONALD