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Feb 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005226 (3)

1. Corporation Name  
RYDER TRS, INC.

Principal Place of Business  
8699 NW 36TH STREET  
MIAMI FL 33166

Mailing Address  
8699 NW 36TH STREET  
MIAMI FL 33166-6621



3. Date Incorporated or Qualified 10/09/1996  
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 38-3313542		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <del>DRUKER, HENRY</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUKER, HENRY	1.2 NAME	JAY ALIX
STREET ADDRESS	8699 NW 36TH STREET	1.3 STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	CDVT <del>BLUECKEL, WALLACE L</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUECKEL, WALLACE L	2.2 NAME	Gerald R. Riordan
STREET ADDRESS	8699 NW 36TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D <del>DRUKER, HENRY</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUKER, HENRY	3.2 NAME	LAWRENCE J. RAMAKERS
STREET ADDRESS	8699 NW 36TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VSD <del>SHIELDS, ROBERT</del> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, ROBERT	4.2 NAME	STEVEN R. DAVISON
STREET ADDRESS	8699 NW 36TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	AS <del>KEENLY, KEVIN</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENLY, KEVIN	5.2 NAME	THOMAS W. ARNST
STREET ADDRESS	8699 NW 36TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	AS <del>ANDERSON, DEAN</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DEAN	6.2 NAME	GARRETT P. KANCHANN
STREET ADDRESS	8699 NW 36TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] 2-13-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

## **Officers of Ryder TRS, Inc.**

**Chairman of the Board  
Chief Executive Officer**

**Jay Alix  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**President  
Chief Operating Officer**

**Gerald R. Riordan  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice Chairman of the Board**

**Lawrence J. Ramaekers  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President Eastern Area**

**Wayne M. Mincey  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President**

**Christopher G. Mumford  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President, Human Resources**

**Deborah L. Riston  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President, Western Area**

**David S. Russell  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President, Maintenance**

**Gary L. Andrews  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President, Information Systems**

**Stephen T.D. Dixon  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President and Controller**

**Larry D. Thogmartin  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Vice President and Treasurer**

**Steven R. Davison  
8669 N.W. 36 Street, 5th Floor  
Miami, FL 33166**

**Secretary**

**Thomas W. Arnst  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**

**Assistant Secretary**

**Garrett P. Kanchann  
8669 N.W. 36 Street, 5th Floor  
Miami, Florida 33166**