

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90190 037 ***150.00

DOCUMENT # F96000005226

1. Entity Name
RYDER TRS, INC.



Principal Place of Business
**1560 BROADWAY
STE 1800
DENVER CO 80202
US**

Mailing Address
**4225 NAPERVILLE ROAD
C/O BUDGET RENT A CAR
LISLE IL 60532
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3313542**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **SORTIR, MARK**
STREET ADDRESS **4225 NAPERVILLE ROAD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE **President** ☒ Change ☐ Addition
NAME **Mark Sotir**
STREET ADDRESS **4225 Naperville Road**
CITY-ST-ZIP **Lisle, IL 60532**

TITLE **T** ☐ Delete
NAME **ABBOTT, KATHERINE L**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **KRAM, THOMAS L**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **APRATI, ROBERT L**
STREET ADDRESS **4225 NAPERVILLE RD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **APRATI, ROBERT L**
STREET ADDRESS **4225 NAPERVILLE ROAD**
CITY-ST-ZIP **LISLE IL 60532**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MILLER, SANFORD**
STREET ADDRESS **1560 BROADWAY STE 1800**
CITY-ST-ZIP **DENVER CO 80202**

TITLE **Chief Executive Officer** ☒ Change ☐ Addition
NAME **Sanford Miller**
STREET ADDRESS **1560 Broadway Ste. 1800**
CITY-ST-ZIP **Denver, CO 80202**

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: **Thomas L. Kram, V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

630-955-1900

CR2E034 (10/02)