2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 16, 2004 8:00 am
Secretary of State
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02042004 Chg-P CR2E034 (10/03)

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1. Entity Name
BRAT RELOCATION SERVICES, INC.

Principal Place of Business	Mailing Address
1560 BROADWAY STE. 1800, ATTN TAX DEPARTMENT DENVER, CO 80202 US	4225 NAPERVILLE ROAD C/O BUDGET RENT-A-CAR LISLE, IL 60532 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Miller Ellin & Co. Suite, Apt. #, etc. 750 Lexington Ave
City & State	City & State NY NY
Zip / Country	Zip / Country 10022

4. FEI Number 65-0334377 ☐ Applied For ☐ Not Applicable

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
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D APRATI, ROBERT L 4225 NAPERVILLE RD., LISLE, IL LISLE, IL 60532	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APRATI, ROBERT L c/o MILLER ELLIN & CO., LLP, 750 LEXINGTON AVE NY NY 10022.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KRAM, THOMAS L 4225 NAPERVILLE RD. LISLE, IL 60532	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ABBOT, KATHERINE L 4225 NAPERVILLE RD LISLE, IL 60532	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Robert Aprati 3/13/04 630-235-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #