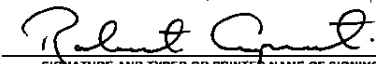


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90022 002 ***150.00

DOCUMENT # L34994 1. Entity Name BRAT RELOCATION SERVICES, INC.					
Principal Place of Business 1560 BROADWAY STE. 1800, ATTN TAX DEPARTMENT DENVER, CO 80202 US			Mailing Address 4225 NAPERVILLE ROAD C/O BUDGET RENT-A-CAR LISLE, IL 60532 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address c/o Miller Ellin & Co. Suite, Apt. #, etc.		
City & State NY NY			City & State 750 Lexington Ave NY NY		
Zip 10022		Country		4. FEI Number 65-0334377	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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 ☐ Delete 4225 NAPERVILLE RD., LISLE, IL LISLE, IL 60532		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition APRATI, ROBERT L c/o MILLER ELLIN & CO., LLP, 750 LEXINGTON AVE NY NY 10022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Delete KRAM, THOMAS L 4225 NAPERVILLE RD. LISLE, IL 60532		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Delete ABBOT, KATHERINE L 4225 NAPERVILLE RD LISLE, IL 60532		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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/13/04 630-235-9196 Date Day/Me Phone #		