

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 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 # P14800 (7)**  
 1. Corporation Name  
**THRIFTY RENT-A-CAR SYSTEM, INC.**



Principal Place of Business Mailing Address  
**5330 E. 31ST ST., STE. 900** **5330 E. 31ST ST., STE. 900**  
**P.O. BOX 35250** **P.O. BOX 35250**  
**TULSA OK 74153-7250** **TULSA OK 74153-0250**

3. Date Incorporated or Qualified **06/11/1987** 3a. Date of Last Report **05/01/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>73-0574010</b>	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BETZ JAY A</b>	1.2 NAME	
STREET ADDRESS	<b>5330 E 31ST STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP/Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BONNER, THOMAS M.</b>	2.2 NAME	<b>Randall J. Holder</b>
STREET ADDRESS	<b>5330 E. 31ST STREET</b>	2.3 STREET ADDRESS	<b>5330 E. 31st Street</b>
CITY-ST-ZIP	<b>TULSA OK</b>	2.4 CITY-ST-ZIP	<b>Tulsa, OK 74135</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HIMELFARB, DONALD M.</b>	3.2 NAME	
STREET ADDRESS	<b>5330 E. 31ST STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>EVP/CFO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIMMICK, ROBERT G.</b>	4.2 NAME	<b>Steven B. Hildebrand</b>
STREET ADDRESS	<b>5330 E 31ST STREET</b>	4.3 STREET ADDRESS	<b>5330 E. 31st Street</b>
CITY-ST-ZIP	<b>TULSA OK</b>	4.4 CITY-ST-ZIP	<b>Tulsa, OK 74135</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYAN, JAMES R.</b>	5.2 NAME	
STREET ADDRESS	<b>5330 E. 31ST STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERICKSON, ROBERT S.</b>	6.2 NAME	
STREET ADDRESS	<b>5330 W. 31ST STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TULSA OK</b>	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]* **James R. Ryan** **4-20-97** **(918)669-2766**

CR2E034 (9/96)