


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P14800</b> 1. Entity Name THRIFTY RENT-A-CAR SYSTEM, INC.	
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Principal Place of Business 5330 E 31ST ST. TULSA, OK 74135 US	Mailing Address 5330 E 31ST ST. TULSA, OK 74135 US
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<b>DO NOT WRITE IN THIS SPACE</b>
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04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 73-0574010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, R. SCOTT 5310 E 31ST ST. TULSA, OK 74135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS VANIMAN, VICKI J 5330 EAST 31ST STREET TULSA, OK 74135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPARKMAN, DAVID W 5330 E 31ST ST. TULSA, OK 74135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CEREFICE, JEFFREY A 5310 E 31ST ST. TULSA, OK 74135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RYAN, JAMES R. 5330 E. 31ST STREET TULSA, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PECK, PAMELA S 5330 E 31ST ST. TULSA, OK 74135

<p>000000556675 05/17/06-80020-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  James R. Ryan 4-18-06 918-669-2076  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #