

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90005 050 ***150.00

0698278 AT

DOCUMENT # P21334

1. Entity Name
RYDER MOVE MANAGEMENT, INC.

Principal Place of Business 8669 NW 36TH ST 2ND FLOOR MIAMI FL 33166	Mailing Address 4225 NAPERVILLE RD C/O BUDGET RENT A CAR LISLE IL 60532
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 93-0158500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PALMNTATION 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME PD HASSIS, FRANCIS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 8669 NW 36TH STREET, SECOND FLOOR	
CITY-ST-ZIP MIAMI FL 33166	
TITLE NAME VP OLSBURG, JEFFREY E	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 4225 NAPERVILLE RD	
CITY-ST-ZIP LISLE IL 60532	
TITLE NAME T LASHER, JEFF	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1560 BROADWAY, SUITE 1800	
CITY-ST-ZIP DENVER CO 80202	
TITLE NAME S APRATI, ROBERT L	<input type="checkbox"/> Delete
STREET ADDRESS 4225 NAPERVILLE ROAD	
CITY-ST-ZIP LISLE IL 60532	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Director/Secretary Robert L. Aprati	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4225 Naperville Road, Lisle, IL 60532	
CITY-ST-ZIP	
TITLE NAME Vice President Thomas L. Kram	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4225 Naperville Road, Lisle, IL 60532	
CITY-ST-ZIP	
TITLE NAME Treasurer Katherine L. Abbott	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 4225 Naperville Roda, Lisle, IL 60532	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas L. Kram **Thomas L. Kram, Vice President, 630-955-1900**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 03/18/02 Daytime Phone #

CR2E034 (9/01)