

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90464 034 \*\*\*150.00

<b>DOCUMENT # P21413</b>					
<b>1. Entity Name</b> ENTERPRISE LEASING COMPANY - SOUTH CENTRAL, INC.					
<b>Principal Place of Business</b> 200 VESTAVIA PARKWAY SUITE 3700 VESTAVIA, AL 35216 US			<b>Mailing Address</b> C/O MARK I. LOTOW 600 CORPORATE PARK DRIVE SAINT LOUIS, MO 63105		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 43-1455446	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <b>NAME</b> TAYLOR, ANDREW C. <b>STREET ADDRESS</b> 600 CORPORATE PARK DRIVE <b>CITY-ST-ZIP</b> SAINT LOUIS, MO 63105	<input type="checkbox"/> Delete		<b>TITLE</b> VP Asst. Secy/Treasurer/Director <b>NAME</b> William W. Snyder <b>STREET ADDRESS</b> 600 Corporate Park Drive <b>CITY-ST-ZIP</b> St. Louis, MO 63105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> CARR, CHUCK <b>STREET ADDRESS</b> 1 RIVERCHASE OFFICE PLAZA #204 <b>CITY-ST-ZIP</b> BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete		<b>TITLE</b> VP-Finance <b>NAME</b> John E. Rohwedder <b>STREET ADDRESS</b> 135 Eastern By-Pass <b>CITY-ST-ZIP</b> Montgomery, AL 36117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> President <b>NAME</b> ROSS, DONALD <b>STREET ADDRESS</b> 600 CORPORATE PARK DRIVE <b>CITY-ST-ZIP</b> SAINT LOUIS, MO 63105	<input type="checkbox"/> Delete		<b>TITLE</b> Regional Vice President <b>NAME</b> Gavin H. Watson <b>STREET ADDRESS</b> 135 Eastern By-Pass <b>CITY-ST-ZIP</b> Montgomery, AL 36117	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MCKEE, BRUCE <b>STREET ADDRESS</b> 200 VETAVIA PKWY #3700 <b>CITY-ST-ZIP</b> VESTAVIA, AL 35216 Birmingham	<input type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> David K. Nestor <b>STREET ADDRESS</b> 600 Corporate Park Drive <b>CITY-ST-ZIP</b> St. Louis, MO 63105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> FOSTER, JEFF <b>STREET ADDRESS</b> 219 WOODGATE DRIVE SO. <b>CITY-ST-ZIP</b> BRANDON, MS 39042	<input type="checkbox"/> Delete		<b>TITLE</b> Reg. Vice President <b>NAME</b> Thomas G. Walsh <b>STREET ADDRESS</b> 6320 Pensacola Blvd. <b>CITY-ST-ZIP</b> Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> VANCE, ARIES CHIP <b>STREET ADDRESS</b> 135 EASTERN BY-PASS <b>CITY-ST-ZIP</b> MONTGOMERY, AL 36117	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Mark I. Litow <b>STREET ADDRESS</b> 600 Corporate Park Drive <b>CITY-ST-ZIP</b> St. Louis, MO 63105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <b>MARK I. LITOW, SECRETARY</b> 4/16/04					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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