

ACCOUNT NO.

072100000032

REFERENCE

642291

7155110

AUTHORIZATION

COST LIMIT 35.00

500006138565--

ORDER DATE: June 27, 2002

ORDER TIME :

10:54 AM

ORDER NO. : 642291-570

CUSTOMER NO:

7155110

CUSTOMER:

Patricia Meudt, Legal Asst

Cendant Corporation

1 Campus Drive

Parsippany, NJ 07054

CHANGE OF AGENT

NAME:

AVIS LUBE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Delaware	
submits the following statement in order to change its registered office or registered agent, or both in	."
me siate of Pioriaa.	
1. The name of the corporation:	·*;
AVIS LUBE, INC.	
2. The mailing address of the corporation:	
900 Old Country Rd., Garden City, NY 11530	
3. Date of incorporation/qualification: 12/21/1989 Document number: P27398	<u></u>
4. The name and address of the current registered agent and office:	
C T Corporation System	=_
1200 South Pine Island Road	
Plantation, FL 33324	
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  (P. O. Box Not Acceptable)	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301	** ***********************************
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.	2
authorized by the board.	
(Signature of an officer, chairman or vice chairman of the board) (Date)	*
Maureen Cullen, Attorney-in-Fact (Printed or typed name and title)	a Thie
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as	
(Signature of Registered Agent) 06/24/2002	17.7 *= 1.2 <u>*</u>
If signing on behalf of an entity:	
Lou Giaccardo	
(Typed or Printed Name)  Asst. Vice President (Capacity)	
* * FITTING FOR CO.	

\* \* \* FILING FEE: \$35.00 \* \* \*