2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 17, 2006
Secretary of State

DOCUMENT# P27398

Entity Name: AVIS LUBE, INC.

Current Principal Place of Business:

6 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Principal Place of Business:

Current Mailing Address:

6 SYLVAN WAY
PARSIPPANY, NJ 07054 US

New Mailing Address:

FEI Number: 11-2811733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: JACQUELINE M. GILES
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHEEHAN, KEVIN
Address: 9 WEST 57TH STREET
City-St-Zip: NEW YORK, NY 10019 US

Title: D ( ) Delete
Name: SALERNO, F ROBERT
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: S ( ) Delete
Name: MEISNER, RICHARD S
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: V ( ) Delete
Name: HUBER, JOSEPH
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: T ( ) Delete
Name: MONACO, KEVIN
Address: 1 CAMPUS DR
City-St-Zip: PARSIPPANY, NJ 07054 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SALERNO, F. ROBERT
Address: 6 SYLVAN WAY
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: D (X) Change ( ) Addition
Name: HOLMES, STEPHEN P
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: HUBER, JOSEPH J
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

Title: T (X) Change ( ) Addition
Name: MONACO, KEVIN
Address: 1 CAMPUS DRIVE
City-St-Zip: PARSIPPANY, NJ 07054 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN P. HOLMES D 10/17/2006
Electronic Signature of Signing Officer or Director Date