2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P27398

AV/IOLLIDE INC

FILED Jun 28, 2007 Secretary of State

Entity Nam	ie: AVIS LUBE	E, INC.		
Current Pri	urrent Principal Place of Business: SYLVAN WAY ARSIPPANY, NJ 07054 US		New Princi	cipal Place of Business:
		US		
Current Mailing Address:			New Mailir	ing Address:
6 SYLVAN \ PARSIPPAI	WAY NY, NJ 07054	US		
FEI Number:	11-2811733	FEI Number Applied For () FEI	Number Not Appli	olicable () Certificate of Status Desired ()
Name and	Address of Cu	ırrent Registered Agent:	Name and	d Address of New Registered Agent:
1201 HAYS TALLAHAS	SEE, FL 32301	I US	se of changing it	its registered office or registered agent, or both,
in the State		is the state of the purpos	o or onlinging it	no registered emec er registered agent, er bean,
SIGNATUR	E:			
		Signature of Registered Agent		Date
Election Cam	paign Financing '	Trust Fund Contribution ().		
OFFICERS	AND DIRECT	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	PD () E SALERNO, F. RO 6 SYLVAN WAY PARSIPPANY, N.		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E HOLMES, STEPH 1 CAMPUS DRIVI PARSIPPANY, N.	E	Title: Name: Address: City-St-Zip:	D (X) Change () Addition NELSON, RONALD L 6 SYLVAN WAY PARSIPPANY, NJ 07054 US
Title: Name: Address: City-St-Zip:	S () E MEISNER, RICHA 1 CAMPUS DRIVI PARSIPPANY, N	E	Title: Name: Address: City-St-Zip:	VPS (X) Change () Addition SERA, JEAN M 6 SYLVAN WAY PARSIPPANY, NJ 07054 US
Title: Name: Address: City-St-Zip:	V () E HUBER, JOSEPH 1 CAMPUS DRIVI PARSIPPANY, N	E	Title: Name: Address: City-St-Zip:	VAS (X) Change () Addition SCLAFANI, KAREN C 6 SYLVAN WAY PARSIPPANY, NJ 07054 US
Title: Name: Address: City-St-Zip:	T () E MONACO, KEVIN 1 CAMPUS DRIVI PARSIPPANY, N	E	Title: Name: Address: City-St-Zip:	AT (X) Change () Addition CALABRIA, DAVID 6 SYLVAN WAY PARSIPPANY, NJ 07054 US

I hereby certify that the information supplied with this filing does not qualify 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: JEAN MARIE SERA **VPS** 06/28/2007