FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36639 (3)

1. Corporation Name
AVIS SERVICE, INC.

Principal Place of Business	Mailing Address
900 OLD COUNTRY ROAD GARDEN CITY NY 11530	900 OLD COUNTRY ROAD GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 11-2811732 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SALERNO, F. ROBERT	1.2 NAME	
STREET ADDRESS	28 KATONAH WOODS RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	KATONAH NY	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BOVINO, CHARLES A.	2.2 NAME	
STREET ADDRESS	2 HIGH MEADOW CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OLD BROOKVILLE NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	FEREZY, LAWRENCE	3.2 NAME	
STREET ADDRESS	64 CHESTNUT LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODBURY NY	3.4 CITY-ST-ZIP	
TITLE	DEV	4.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, MICHAEL P.	4.2 NAME	
STREET ADDRESS	3 GREAT NECK CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON NY	4.4 CITY-ST-ZIP	
TITLE	VPS	5.1 TITLE	☐ Change ☐ Addition
NAME	LYNCH, JOHN J.	5.2 NAME	
STREET ADDRESS	1096 GRANT AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY	5.4 CITY-ST-ZIP	
TITLE	VP-TAX COUNSEL	6.1 TITLE	☐ Change ☐ Addition
NAME	STEVEN L. GREENBERGER	6.2 NAME	
STREET ADDRESS	162 HIGH POND DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JERICHO, NY 11753	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or added by attachment with an address.

SIGNATURE: Steven L. Greenberger 3/29/95 STEVEN L. GREENBERGER 516-222-3975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0396647 FP