

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90030 005 \*\*\*150.00

**DOCUMENT # P36639**

1. Entity Name

AVIS SERVICE, INC.



Principal Place of Business

6 SYLVAN WAY  
PARSIPPANY NJ 07054

Mailing Address

1 CAMPUS DR, 3B LEGAL  
PARSIPPANY NJ 07054

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-2811732

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	SALERNO, F. ROBERT	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVPT	<input checked="" type="checkbox"/> Delete
NAME	COCROFT, DUNCAN H	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	IPPOLITO, TOBIA	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	TVP	<input type="checkbox"/> Delete
NAME	HUBER, JOSEPH	
STREET ADDRESS	1 CAMPUS DR	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	3VP	<input checked="" type="checkbox"/> Delete
NAME	BUCKMAN, JAMES E	
STREET ADDRESS	9 W. 57TH ST, 37TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	EVPS	<input checked="" type="checkbox"/> Delete
NAME	BOCK, ERIC J	
STREET ADDRESS	9 W. 57TH ST, 37TH FL	
CITY-ST-ZIP	NEW YORK NY 10019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gerard J. Kennell	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	
TITLE	VP/Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin M. Sheehan	
STREET ADDRESS	1 Campus Drive	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin M. Sheehan	
STREET ADDRESS	9 West 57th Street	
CITY-ST-ZIP	New York, NY 10019	
TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard S. Meisner	
STREET ADDRESS	1 Campus Drive	
CITY-ST-ZIP	PARSIPPANY, NJ 07054	

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.

**SIGNATURE:**

*Joseph Huber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Huber 2/2/04

Date

Daytime Phone #