

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90115 026 \*\*\*150.00

<b>DOCUMENT #</b> <u>P36639</u> 1. Entity Name <u>Avis Service, Inc.</u>		 10072224	
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place <u>Avis Service, Inc.</u> Suite, Apt. #, etc. <u>6 Sylvan Way</u> City & State <u>Parsippany, NJ</u> Zip <u>07054</u>		3. Mailing Address <u>Avis Service, Inc.</u> Suite, Apt. #, etc. <u>1 Campus Drive, 3B Legal</u> City & State <u>Parsippany, NJ</u> Zip <u>07054</u>	
Country <u>USA</u>		Country <u>USA</u>	
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name <u>Corporation Service Company</u> Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u> City <u>Tallahassee</u>			
State <u>FL</u>			
Zip Code <u>32301</u>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$6125 <input type="checkbox"/> Make Check Payable to Florida Department of State			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE	President/Director	TITLE	
NAME	F. Robert Salerno	NAME	
STREET ADDRESS	6 Sylvan Way	STREET ADDRESS	
CITY-ST-ZIP	Parsippany, NJ 07054	CITY-ST-ZIP	
TITLE	EVP/Treasurer	TITLE	
NAME	Duncan H. Cocroft	NAME	
STREET ADDRESS	1 Campus Drive	STREET ADDRESS	
CITY-ST-ZIP	Parsippany, NJ 07054	CITY-ST-ZIP	
TITLE	EVP	TITLE	
NAME	Tobia Ippolito	NAME	
STREET ADDRESS	1 Campus Drive	STREET ADDRESS	
CITY-ST-ZIP	Parsippany, NJ 07054	CITY-ST-ZIP	
TITLE	Vice President - Tax	TITLE	
NAME	Joseph Huber	NAME	
STREET ADDRESS	1 Campus Drive	STREET ADDRESS	
CITY-ST-ZIP	Parsippany, NJ 07054	CITY-ST-ZIP	
TITLE	EVP	TITLE	
NAME	James E. Buckman	NAME	
STREET ADDRESS	9 West 57th Street, 37th Floor	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10019	CITY-ST-ZIP	
TITLE	EVP/Corporate Secretary	TITLE	
NAME	Eric J. Bock	NAME	
STREET ADDRESS	9 West 57th Street, 37th Floor	STREET ADDRESS	
CITY-ST-ZIP	New York, NY 10019	CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Joseph Huber</u> Joseph Huber, VP 4/8/03 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034B (12/02)