SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37055 (1)

1. Corporation Name
RENT-WAY, INC.

Principal Place of Business	Mailing Address
17 W. 10TH ST. ERIE PA 16501 US	P.O. BOX 6242 ERIE PA 16512

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1992
3a. Date of Last Report: 07/18/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 25-1407782 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 607.1508, 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	PD	1.1 TITLE	☐ Change ☒ Addition
NAME	MORGENSTERN, WILLIAM E.	1.2 NAME	
STREET ADDRESS	1217 ST. MARY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA	1.4 CITY-ST-ZIP	16509
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CONWAY, JEFFREY A	2.2 NAME	
STREET ADDRESS	4119 WESTBURY RIDGE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA 16506	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BIHLER, THERESE	3.2 NAME	
STREET ADDRESS	3802 GABLE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA 16506	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	FAGENSON, ROBERT B.	4.2 NAME	
STREET ADDRESS	19 RECTOR ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	10006
TITLE	CD	5.1 TITLE	☒ Change ☐ Addition
NAME	RYAN, G.A.	5.2 NAME	
STREET ADDRESS	10 PENINSULA DR. #22	5.3 STREET ADDRESS	
CITY-ST-ZIP	ERIE PA 16506	5.4 CITY-ST-ZIP	16505
TITLE	S	6.1 TITLE	☐ Change ☒ Addition
NAME	LERNER, WILLIAM	6.2 NAME	
STREET ADDRESS	423 E. BEAU ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON PA	6.4 CITY-ST-ZIP	15301

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 on an attachment with an address.

SIGNATURE: Jeffrey A. Conway Vice-Pres. 6/30/95 (814) 455-0941
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0176150 FN

P32055

Rent-Way, Inc.
Florida Corporation Annual Report
1995

12.) continued

Title	D
Name	Carrino, Vincent
Street Address	195 Paloma Road
City-St-Zip	Portola Valley CA 94028