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FILED
Jul 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P37055

(1)

1. Corporation Name

RENT-WAY, INC.

Principal Place of Business

Mailing Address

3230 WEST LAKE ROAD
ERIE PA 16501
US

3230 WEST LAKE ROAD
ERIE PA 16505-3657



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

05/22/1996

4. FEI Number

25-1407782

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MORGENSTERN, WILLIAM E.
STREET ADDRESS 4011 WESTBURY RIDGE DR
CITY-ST-ZIP ERIE PA

TITLE V
NAME CONWAY, JEFFREY A
STREET ADDRESS 4119 WESTBURY RIDGE
CITY-ST-ZIP ERIE PA 16506

TITLE S
NAME BIHLER, THERESE
STREET ADDRESS 3802 GABLE CT.
CITY-ST-ZIP ERIE PA 16506

TITLE D
NAME FAGENSON, ROBERT B.
STREET ADDRESS 19 RECTOR ST.
CITY-ST-ZIP NEW YORK NY

TITLE CD
NAME RYAN, G.A.
STREET ADDRESS 10 PENINSULA DR. #22
CITY-ST-ZIP ERIE PA

TITLE S
NAME LERNER, WILLIAM
STREET ADDRESS 423 E. BEAU ST.
CITY-ST-ZIP WASHINGTON PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

WILLIAM MORGENSTERN

7/17/97 (014) 836-0618

CFR2034 (9/96)