

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P37055

1. Entity Name
RENT-WAY, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90107 023 ***558.75

Principal Place of Business

ONE RENTWAY PLACE
ERIE PA 16505
US

Mailing Address

ONE RENTWAY PLACE
ERIE PA 16505
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 25-1407782

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Chairman, Chief Executive Officer & Director
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE President: Director
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE AS
NAME BIHLER, THERESE
STREET ADDRESS 3802 GABLE CT.
CITY-ST-ZIP ERIE PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE Director only
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

7/31/00 (814) 461-5230