


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P37055 1. Entity Name RENT-WAY, INC.	
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Principal Place of Business ONE RENTWAY PLACE ERIE, PA 16505 US	Mailing Address ONE RENTWAY PLACE ERIE, PA 16505 US
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03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1407782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MORGENSTERN, WILLIAM E. 4011 WESTBURY RIDGE DR ERIE, PA 16506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONNELL, WILLIAM A 102 BAYMIST DR. ERIE, PA 16505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BIHLER, THERESE 5195 ADRIENNE COURT ERIE, PA 16506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAGENSON, ROBERT B. 535 E 86TH ST APT 14A NEW YORK, NY 10028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, G.A. 639 GULF SHORE BLVD, NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LERNER, WILLIAM 423 E. BEAU ST. WASHINGTON, PA 15301

<p>000000305518 04/14/05-80087-015 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	 <small>DATE</small>	814-461-5230 <small>Daytime Phone #</small>
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