2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2006 8:00 am Secretary of State

DOCUI 1. Entity Nam RENT-WA			-				01-26-2006 9	•	5 ***150	.00	
Principal Place	e of Business	Mailing Address		l							
ONE RENTWAY PLACE		ONE RENTWAY PLACE									
ERIE, PA 16505 US ERIE, PA 16505 U		•									
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E03	4 (11/05)			
City & State		City & State			4. FEI Number 25-1407	782		<u> </u>	plied For t Applicable		
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				itional	
	6. Name and Address of Current R	Registered Agent		T		7. Name and A	ddress of New Re				
	# - 7 /= , - 2 /2444 PA			Name				<u> </u>		- ,	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION, FL 33324											
				City	 -				Zip Code		
			City				FL				
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or	register	red agent, or both,	in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE_	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	E: Registere	ed Agent signatu	ure required	d when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campai Trust Fund Cont	-			.00 May Be led to Fees					
10.	OFFICERS AND I		11.	-		ADDITIONS/C	HANGES TO OFFI				
TITLE NAME	PC MORGENSTERN, WILLIAM E.	☐ Delete	TITL	_	Ç				Change Change	☐ Addition	
STREET ADDRESS	4011 WESTBURY RIDGE DR			eet address							
CITY-ST-ZIP	ERIE, PA 16506		CITY	(-\$T-ZIP							
TITLE	V	🔀 Delete	TITL		PD		- 4 -		☐ Change	Addition	
NAME STREET ADDRESS	MCDONNELL, WILLIAM A 102 BAYMIST DR.		NAM	re Eet address	DEL	BOX 322	SHORT				
CITY-ST-ZIP	ERIE, PA 16505			r-ST-ZIP	ERS		16509	}			
mue	AS		_								
NAME	F ·	☐ Delete	TITL	Æ	ŀ				☐ Change	☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 eath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

THERESE BEHLER

1-16-06

814.461.5230