
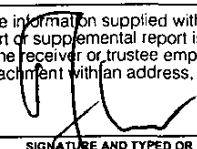


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90025 010 \*\*\*150.00

<b>DOCUMENT # P37055</b> 1. Entity Name <b>RENT-WAY, INC.</b>					
Principal Place of Business <b>5700 TENNYSON PKWY PLANO, TX 75024 US</b>			Mailing Address <b>5700 TENNYSON PKWY PLANO, TX 75024 US</b>		
2. Principal Place of Business - No P.O. Box # <b>5501 Headquarters Dr</b>		3. Mailing Address <b>5501 Headquarters Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Plano, TX</b>		City & State <b>Plano, TX</b>		4. FEI Number <b>25-1407782</b>	
Zip <b>75024</b>		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SPEESE, MARK</b> <b>5700 TENNYSON PKWY</b> <b>PLANO, TX 75024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Speese, Mark</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FADEL, MICHELL</b> <b>5700 TENNYSON PKWY</b> <b>PLANO, TX 75024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D</b> <b>Fadel, Mitchell</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAVIS, ROBERT</b> <b>5700 TENNYSON PKWY</b> <b>PLANO, TX 75024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DAVIS, Robert</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KORST, CHRISTOPHER</b> <b>5700 TENNYSON PKWY</b> <b>PLANO, TX 75024</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>DeMoss, Ronald</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>WOLVESTON, DAWN</b> <b>5700 TENNYSON PKWY</b> <b>PLANO, TX 75024</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Wolverton, Dawn</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Cordon, Ricardo</b> <b>5501 Headquarters Dr</b> <b>Plano, TX 75024</b>
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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 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.					
<b>SIGNATURE:</b>  <b>RICARDO CORDON, VP</b> <b>4/1-1-8</b> <b>972-801-1312</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					