

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90099 006 ***150.00

DOCUMENT # P37055

1. Entity Name
RENT-WAY, INC.



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**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORGENSTERN, WILLIAM E.	
STREET ADDRESS	4011 WESTBURY RIDGE DR	
CITY-ST-ZIP	ERIE PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONNELL, WILLIAM A	
STREET ADDRESS	102 BAYMIST DR.	
CITY-ST-ZIP	ERIE PA 16506	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BIHLER, THERESE	
STREET ADDRESS	3802 GABLE CT.	
CITY-ST-ZIP	ERIE PA	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAGENSON, ROBERT B.	
STREET ADDRESS	19 RECTOR ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RYAN, G.A.	
STREET ADDRESS	10 PENINSULA DR. #22	
CITY-ST-ZIP	ERIE PA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LERNER, WILLIAM	
STREET ADDRESS	423 E. BEAU ST.	
CITY-ST-ZIP	WASHINGTON PA	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	ERIE PA 16506
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	ERIE PA 16505
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5195 ADRIENNE COURT
CITY-ST-ZIP	ERIE PA 16506
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	535 E 86TH ST APT 14A
CITY-ST-ZIP	NEW YORK NY 10028
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	639 GOLF SHORE BLVD, NORTH
CITY-ST-ZIP	NAPLES FL 34102
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON PA 15301

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:

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

THERESE BIHLER 3/17/03

Date

814-455-5378
Daytime Phone #

CR2E034 (10/02)