

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043003

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AUTONATION BENEFITS COMPANY, INC.

## Current Principal Place of Business:

110 SE SIXTH STREET  
20TH FLOOR  
FT LAUDERDALE, FL 33301

## New Principal Place of Business:

110 SE SIXTH STREET  
26TH FLOOR  
FT LAUDERDALE, FL 33301

## Current Mailing Address:

110 SE SIXTH STREET  
20TH FLOOR  
FT LAUDERDALE, FL 33301

## New Mailing Address:

110 SE SIXTH STREET  
26TH FLOOR  
FT LAUDERDALE, FL 33301

FEI Number: 34-1135160

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BETHEL, ALISON E  
110 SE 6TH STREET  
20TH FLOOR  
FT. LAUDERDALE, FL 33301 US

## Name and Address of New Registered Agent:

BETHEL, ALISON E  
110 SE 6TH STREET  
26TH FLOOR  
FT. LAUDERDALE, FL 33301 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAROONE, MICHAEL E  
Address: 110 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVS ( ) Delete  
Name: FERRANDO, JONATHAN P  
Address: 110 SE SIXTH STREET  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: P ( ) Delete  
Name: CLAYTON, B. GENE  
Address: 110 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: AS ( ) Delete  
Name: EDMUNDS, C. COLEMAN G  
Address: 110 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T ( ) Delete  
Name: TEUFEL, JAMES J  
Address: 110 SE 6TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33301

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE CLAYTON

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date