

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000043003

FILED
Apr 25, 2011
Secretary of State

Entity Name: AUTONATION BENEFITS COMPANY, INC.

Current Principal Place of Business:

200 SW 1ST AVE.
14TH FLOOR
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 SW 1ST AVE.
14TH FLOOR
FT LAUDERDALE, FL 33301

New Mailing Address:

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
200 SW 1ST AVENUE
14TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: MAROONE, MICHAEL E
Address: 200 SW 1ST AVE. 14TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DVS
Name: FERRANDO, JONATHAN P
Address: 200 SW 1ST AVE. 14TH FLOOR
City-St-Zip: FT LAUDERDALE, FL 33301

Title: P
Name: CLAYTON, B. GENE
Address: 200 SW 1ST AVE. 14TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: AS
Name: EDMUNDS, C. COLEMAN G
Address: 200 SW 1ST AVE. 14TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: T
Name: SCULLY, CHERYL
Address: 200 SW 1ST AVE. 14TH FLOOR
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: B. GENE CLAYTON

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04/25/2011

Electronic Signature of Signing Officer or Director

_____ Date