


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 819124</b> 1. Entity Name HERTZ EQUIPMENT RENTAL CORPORATION	
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Principal Place of Business 225 BRAE BLVD. PARK RIDGE, NJ 07656 US	Mailing Address 225 BRAE BLVD. PARK RIDGE, NJ 07656 US
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**DO NOT WRITE IN THIS SPACE**



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-6174127	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE IN THIS SPACE**

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</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000558014 05/17/06-80079-002 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIRACUSA, PAUL 225 BRAE BOULEVARD PARK RIDGE, NJ., 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLINGS, ROBERT 225 BRAE BOULEVARD PARK RIDGE, NJ., 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLESCIA, GERALD 225 BRAE BOULEVARD PARK RIDGE, NJ., 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SZOT, JOHN 225 BRAE BOULEVARD PARK RIDGE, NJ.,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, CRAIG R 225 BRAE BLVD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLFE, HAROLD E 225 BRAE BLVD PARK RIDGE, NJ 07656

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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 reports 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:**  **John Szot** **4/26/06** **201-307-2366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #