


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90038 002 \*\*\*\*50.00

<b>DOCUMENT # M99000000789</b> 1. Entity Name PHH VEHICLE MANAGEMENT SERVICES, LLC	
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20000499



Principal Place of Business 940 RIDEBROOK ROAD ATTN: LEGAL DEPARTMENT SPARKS GLENCOE, MD 21152	Mailing Address 940 RIDEBROOK ROAD ATTN: LEGAL DEPARTMENT SPARKS GLENCOE, MD 21152
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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01052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 11-3494799	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILROY, GEORGE J <del>XXXXXXXXXXXXXXXXXXXX</del> 940 Ridgebrook Road <del>XXXXXXXXXXXXXXXXXXXX</del> Sparks, MD 21152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP & CFO Neil Cashen 940 Ridgebrook Road Sparks, MD 21152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCKMAN, JAMES E 6 SYLVAN WAY PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP & Secretary William F. Brown 3000 Leadenhall Road Mt. Laurel, NJ 07040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEIKEL, JOSEPH W 940 RIDGEBROOK ROAD, ATTN: LEGAL DEPT. SPARKS GLENCOE, MD 21152 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Kimberling VP & Asst Secretary 940 Ridgebrook Road Sparks, MD 21152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Mark E. Johnson 3000 Leadenhall Road Mt. Laurel, NJ 07040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCK, ERIC J 9 WEST 57TH STREET, 37TH FLOOR NEW YORK, NY 10019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHRER, SCOTT D 1 CAMPUS DRIVE PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Joseph Weikel* Joseph Weikel 01/05/06 410-771-2336  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #