

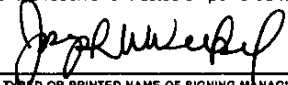


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 18 AM 9:37

<b>DOCUMENT # M99000000789</b> 1. Entity Name PHH VEHICLE MANAGEMENT SERVICES, LLC					
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		
2. Principal Place of Business - No P.O. Box # 940 Ridgebrook Road		3. Mailing Address 940 Ridgebrook Road			
Suite, Apt. #, etc. ATTN: Legal Dept.		Suite, Apt. #, etc. ATTN: Legal Dept.			
City & State Sparks, MD		City & State Sparks, MD		01042007 Chg-LLC CR2E083 (12/06)	
Zip 21152		Country USA		4. FEI Number 11-3494799	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILROY, GEORGE J 940 RIDGEBROOK ROAD SPARKS, MD 21152	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP & CFO Clair M. Raubenstine 940 Ridgebrook Road Sparks, MD 21152	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEF CASHEN, NEIL 940 RIDGEBROOK ROAD SPARKS, MD 21152	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400085646154 01/23/07--01006--002 **50.00	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC BROWN, WILLIAM F 3000 LEADENHALL ROAD MOUNT LAUREL, NJ 07040	<input 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	ASV KIMBERLING, DAVID 940 RIDGEBROOK ROAD SPARKS, MD 21152	<input 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	TRCS JOHNSON, MARK E 3000 LEADENHALL ROAD MAPLEWOOD, NJ 07040	<input 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 W. Weikel		01/04/07 410-771-2336	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	