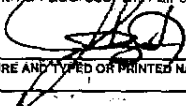


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 820373 1. Entity Name THE HERTZ CORPORATION			
Principal Place of Business 225 BRAE BLVD. PARK RIDGE, NJ 07656 US		Mailing Address 225 BRAE BLVD. PARK RIDGE, NJ, 07656-1870 US	
DO NOT WRITE IN THIS SPACE			
		02282005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 13-1938568	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE UD00000316972 04/19/05-80099-006 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD SIRACUSA, PAUL 225 BRAE BOULEVARD PARK RIDGE, NJ 07656		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILMOUR, ALLAN AMERICAN ROAD DEARBORN, MI 48121		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLINGS, ROBERT H. 225 BRAE BOULEVARD PARK RIDGE, NJ,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PLESCIA, GERALD A 225 BRAE BLVD PARK RIDGE, NJ 07656		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDCO KOCH, CRAIG R. 225 BRAE BLVD. PARK RIDGE, NJ		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SZOT, JOHN 225 BRAE BOULEVARD PARK RIDGE, NJ,		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 4/11/05 201-307-2366	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	