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	Mailing Address
225 BRAE BLVD. PARK RIDGE, NJ 07656 US	225 BRAE BLVD. PARK RIDGE, NJ., 07656-1870 US

02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	EVD
NAME	SIRACUSA, PAUL
STREET ADDRESS	225 BRAE BOULEVARD
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	D
NAME	GILMOUR, ALLAN
STREET ADDRESS	AMERICAN ROAD
CITY-ST-ZIP	DEARBORN, MI 48121
TITLE	T
NAME	RILLINGS, ROBERT H.
STREET ADDRESS	225 BRAE BOULEVARD
CITY-ST-ZIP	PARK RIDGE, NJ.,
TITLE	V
NAME	PLESCIA, GERALD A
STREET ADDRESS	225 BRAE BLVD
CITY-ST-ZIP	PARK RIDGE, NJ 07656
TITLE	PDCO
NAME	KOCH, CRAIG R.
STREET ADDRESS	225 BRAE BLVD.
CITY-ST-ZIP	PARK RIDGE, NJ
TITLE	AS
NAME	SZOT, JOHN
STREET ADDRESS	225 BRAE BOULEVARD
CITY-ST-ZIP	PARK RIDGE, NJ.,

U00000316972
04/13/05-80099-006 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 — Date — Daytime Phone #