

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**Feb 06, 1999 8:00 am**  
**Secretary of State**

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **855687**

1. Corporation Name  
**HERTZ VEHICLE SALES CORPORATION**



Principal Place of Business 225 BRAE BOULEVARD PARK RIDGE, NJ. 07656-7713	Mailing Address 225 BRAE BOULEVARD PARK RIDGE, NJ. 07656-7713
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/03/1983</b>	
4. FEI Number <b>13-3050952</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAILEY, ROBERT J</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ.</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRUMMAN, FREDRIC</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ.</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>KOCH, CRAIG R.</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ.</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>SIRACUSA, PAUL</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ. 07656</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>REGAN, ROBERT</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ.</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>SZOT, JOHN</b>	
STREET ADDRESS	<b>225 BRAE BOULEVARD</b>	
CITY-ST-ZIP	<b>PARK RIDGE, NJ.</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>HAROLD ROLFE</b>
2.3 STREET ADDRESS	<b>225 BRAE BOULEVARD</b>
2.4 CITY-ST-ZIP	<b>PARK RIDGE, NJ</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert J. Bailey 1/7/99 405-280-6972  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)