


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90147 020 \*\*\*150.00

<b>DOCUMENT # 855687</b>			
1. Entity Name <b>HERTZ VEHICLE SALES CORPORATION</b>			
Principal Place of Business <b>225 BRAE BOULEVARD PARK RIDGE, NJ 07656-7713</b>		Mailing Address <b>225 BRAE BOULEVARD PARK RIDGE, NJ 07656-7713</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number <b>13-3050952</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of Registered Agent
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL 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.

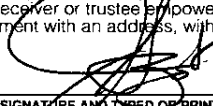
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, ROBERT J		NAME	KOCH, CRAIG R.	
STREET ADDRESS	5601 NW EXPRESSWAY		STREET ADDRESS	225 BRAE BLVD.	
CITY-ST-ZIP	OKLAHOMA CITY OK 73132		CITY-ST-ZIP	PARK RIDGE, NJ 07656	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLFE, HAROLD		NAME		
STREET ADDRESS	225 BRAE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOTHWANG, JOSEPH R.		NAME		
STREET ADDRESS	225 BRAE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ 07656		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIRACUSA, PAUL		NAME		
STREET ADDRESS	225 BRAE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ 07656		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REGAN, ROBERT		NAME		
STREET ADDRESS	225 BRAE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SZOT, JOHN		NAME		
STREET ADDRESS	225 BRAE BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE NJ		CITY-ST-ZIP		

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 employment.

**SIGNATURE:**  **John Szot, Assistant Secretary** **4/23/04** **201-307-2366**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
HERTZ VEHICLE SALES CORPORATION  
DIRECTORS AND OFFICERS

24069131  
#855687

DIRECTORS

ADDRESS

Craig R. Koch

225 Brae Boulevard  
Park Ridge, NJ 07656

Joseph R. Nothwang

225 Brae Boulevard  
Park Ridge, NJ 07656

Paul J. Siracusa

225 Brae Boulevard  
Park Ridge, NJ 07656

OFFICERS

Joseph R. Nothwang  
President

225 Brae Boulevard  
Park Ridge, NJ 07656

Paul J. Siracusa  
Vice President

225 Brae Boulevard  
Park Ridge, NJ 07656

Harold E. Rolfe  
Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

Robert H. Rillings  
Treasurer

225 Brae Boulevard  
Park Ridge, NJ 07656

Carl G. Chernoff  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

I. David Parkoff  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

Robert S. Regan  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

John M. Szot  
Assistant Secretary

225 Brae Boulevard  
Park Ridge, NJ 07656

Lauren S. Babus  
Assistant Treasurer

225 Brae Boulevard  
Park Ridge, NJ 07656

John B. Carroll  
Assistant Treasurer

225 Brae Boulevard  
Park Ridge, NJ 07656