


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 855687
 1. Entity Name
HERTZ VEHICLE SALES CORPORATION



Principal Place of Business _____ Mailing Address _____
225 BRAE BOULEVARD **225 BRAE BOULEVARD**
PARK RIDGE, NJ 07656-7713 **PARK RIDGE, NJ 07656-7713**

DO NOT WRITE IN THIS SPACE



02282005 No Chg-P CR2E034 (10/03)
 4. FEI Number **13-3050952** 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

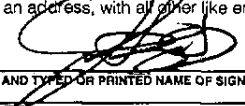
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, CRAIG R 225 BRAE BLVD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLFE, HAROLD 225 BRAE BOULEVARD PARK RIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTHWANG, JOSEPH R 225 BRAE BOULEVARD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIRACUSA, PAUL 225 BRAE BOULEVARD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REGAN, ROBERT 225 BRAE BOULEVARD PARK RIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SZOT, JOHN 225 BRAE BOULEVARD PARK RIDGE, NJ

U00000317119
 04/20/05-80004-016 150.00
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** **4/16/05** **201-307-2366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #