

**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
**225 BRAE BOULEVARD
PARK RIDGE, NJ 07656-7713**

Mailing Address
**225 BRAE BOULEVARD
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

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

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

4/20/05

201-307-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #