
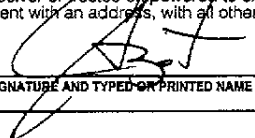


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F95000001861 1. Entity Name HERTZ CLAIM MANAGEMENT CORPORATION		
Principal Place of Business 225 BRAE BLVD PARK RIDGE, NJ 07656	Mailing Address 225 BRAE BLVD PARK RIDGE, NJ 07656	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000558016 05/17/06-80079-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTI, RICHARD 225 BRAE BLVD PARK RIDGE, NJ 07656	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLINGS, ROBERT H 225 BRAE BLVD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAVIN, WILLIAM 225 BRAE BLVD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIRACUSA, PAUL J 225 BRAE BLVD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/26/06 Date 201-307-2366 Daytime Phone #