

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001861

FILED  
Apr 14, 2012  
Secretary of State

**Entity Name:** HERTZ CLAIM MANAGEMENT CORPORATION

**Current Principal Place of Business:**

225 BRAE BOULEVARD  
PARK RIDGE, NJ 07656 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 BRAE BOULEVARD  
PARK RIDGE, NJ 07656 US

**New Mailing Address:**

**FEI Number:** 13-3005373

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDIR  
Name: DOUGLAS, ELYSE PDIR  
Address: 225 BRAE BOULEVARD  
City-St-Zip: PARK RIDGE, NJ 07656 US

Title: TREA  
Name: MASSENGILL, SCOTT TREA  
Address: 225 BRAE BOULEVARD  
City-St-Zip: PARK RIDGE, NJ 07656 US

Title: VPSD  
Name: MCEVILY, RICHARD P VPSD  
Address: 225 BRAE BOULEVARD  
City-St-Zip: PARK RIDGE, NJ 07656 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN

POA

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date