# 2003 FOR PROFIT CORPORATION

### **UNIFORM BUSINESS REPORT (UBR)** F95000001861 **DOCUMENT #**



Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90412 008 \*\*\*150.00

**FILED** 

1. Entity Name HERTZ CLAIM MANAGEMEN			
		<b>1</b>	
Principal Place of Business 225 BRAE BLVD	Mailing Address 225 BRAE BLVD		
PARK RIDGE NJ 07656	PARK RIDGE NJ 07656		

PARK RIDGE NJ 07656		PARK RIDGE NJ 07656							
2. Principal Place of Business 3		3. Mailing Addres	3. Mailing Address			I IDONOV MAR IDIEN BENI ERIM DENN DENN I	#### <b>#</b> ###############################		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			<b>4.</b> F	13-3102373		pplied For ot Applicable	
Zip		Country	Zip Coun		itry	<b>5.</b> C	5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
- · · · · · · · · · · · · · · · · · · ·			Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANIAII	ON FL 333	24							
		<del></del>		——————————————————————————————————————	City	_		FL Zip Cod	
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 .		₹ <sup>7</sup> .						•	
JIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature requ	ired when rei	instating) O/	ATE	
. F	ILE NOW!	! FEE IS \$150.00					Cleation Compaign Cinemains		30
After May 1, 2003 Fee will be \$550.00					<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		00 May Be d to Fees		
Make Check Payable to Florida Department of State					· · · · · · · · · · · · · · · · · · ·		<u></u>		
10.	<u> </u>	OFFICERS AND D		11.	<del></del> -	ADI	DITIONS/CHANGES TO OFFICERS		
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NAME		ROBERT H		NAM	E				
STREET ADDRESS	225 BRAE				ET ADDRESS				
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CITY-ST-ZIP	PARK RID	GE NJ 07656			-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		_=
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CITY-ST-ZIP				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 frue 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 the impowered. changed, or on an attachment with an address, with all

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Szot

Apr.9,2003

201-307-2366

Date

Daytime Phone #

CR2E034 (10/02)

## EMENT CORPORATION POCH F9500001861 **DIRECTORS AND OFFICERS**

90098393

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**ADDRESS** 

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#### HERTZ CLAIM MANAGEMENT CORPORATION **DIRECTORS AND OFFICERS**

(Continued)

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5/1/00