
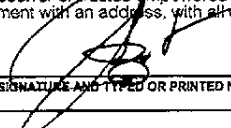


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F99000003698</b> 1. Entity Name HERTZ LOCAL EDITION TRANSPORTING, INC.		
Principal Place of Business 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	Mailing Address 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>DO NOT WRITE IN THIS SPACE</b>
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) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000558855 05/17/06-80114-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTHWANG, JOSEPH R 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIRACUSA, PAUL J 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POLLACK, IRWIN M 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROLFE, HAROLD E 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLINGS, ROBERT H 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOTI, RICHARD J 225 BRAE BOULEVARD PARK RIDGE, NJ 07656	
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:  <b>John Szot</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/26/06</b> Date <b>201-307-2366</b> Daytime Phone #