


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90215 036 ***150.00

DOCUMENT # F99000003700 1. Entity Name HERTZ LOCAL EDITION CORP.					
Principal Place of Business 225 BRAE BOULEVARD PARK RIDGE, NJ 07656			Mailing Address 225 BRAE BOULEVARD PARK RIDGE, NJ 07656		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 13-3053797				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTHWANG, JOSEPH R 225 BRAE BOULEVARD PARK RIDGE, NJ 07656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KOCH, CRAIG R 225 BRAE BOULEVARD PARK RIDGE, NJ 07656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, Director Frissora, Mark P. 225 Brae Blvd. Park Ridge, NJ 07656 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIRACUSA, PAUL J 225 BRAE BOULEVARD PARK RIDGE, NJ 07656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SABELLA, THOMAS A 225 BRAE BOULEVARD PARK RIDGE, NJ 07656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELIO, JOSEPH C 225 BRAE BOULEVARD PARK RIDGE, NJ 07656 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		John Szot <small>Date</small>		4-18-07 <small>Daytime Phone #</small>	
201-307-2366					

HERTZ LOCAL EDITION CORP. DIRECTORS AND OFFICERS

DIRECTORS

Mark P. Frissora

Joseph R. Nothwang

Paul J. Siracusa

OFFICERS

Mark P. Frissora
Chairman of the Board

Joseph R. Nothwang
President

Paul J. Siracusa
Vice President, Finance

Thomas A. Sabella
Vice President

Joseph C. Delio
Vice President

Harold E. Rolfe
Secretary

Elyse Douglas
Treasurer

Richard J. Foti
Controller

Marcia Davis-Allison
Assistant Secretary

Ronald Cabbibo
Assistant Secretary

Anthony C. Fiore
Assistant Secretary

Louis R. Franzese
Assistant Secretary

William Gavin
Assistant Secretary

Vincent J. Moffa
Assistant Secretary

I. David Parkoff
Assistant Secretary

John M. Szot
Assistant Secretary

Lauren S. Babus
Assistant Treasurer

OFFICE ADDRESS

225 Brae Boulevard
Park Ridge, NJ 07656

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ATTACHMENT

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January 26, 2007