# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2009**
**Secretary of State**

DOCUMENT# F99000003700

**Entity Name:** HERTZ LOCAL EDITION CORP.

**Current Principal Place of Business:**

225 BRAE BOULEVARD
PARK RIDGE, NJ 07656

**New Principal Place of Business:**

**Current Mailing Address:**

225 BRAE BOULEVARD
PARK RIDGE, NJ 07656

**New Mailing Address:**

**FEI Number: 13-3053797** **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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: NOTHWANG, JOSEPH R
Address: 225 BRAE BOULEVARD
City-St-Zip: PARK RIDGE, NJ 07656

Title: CD ( ) Delete
Name: FRISSORA, MARK P
Address: 225 BRAE BLVD.
City-St-Zip: PARK RIDGE, NJ 07656

Title: DVPT ( ) Delete
Name: DOUGLAS, ELYSE
Address: 225 BRAE BLVD
City-St-Zip: PARK RIDGE, NJ 07656

Title: VP ( ) Delete
Name: ELLIS, SIMON
Address: 225 BRAE BLVD
City-St-Zip: PARK RIDGE, NJ 07656

Title: V ( ) Delete
Name: DELIO, JOSEPH C
Address: 225 BRAE BOULEVARD
City-St-Zip: PARK RIDGE, NJ 07656

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DVP (X) Change ( ) Addition
Name: DOUGLAS, ELYSE
Address: 225 BRAE BLVD
City-St-Zip: PARK RIDGE, NJ 07656

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change ( ) Addition
Name: DUAH, ANTOINETTE
Address: 225 BRAE BOULEVARD
City-St-Zip: PARK RIDGE, NJ 07656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTOINETTE DUAH AS 04/10/2009

Electronic Signature of Signing Officer or Director — Date