

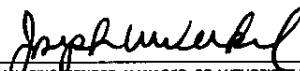


FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90123 015 *****50.00

DOCUMENT # M99000000789				01-23-2004 90123 015 ****50.00	
1. Entity Name PHH VEHICLE MANAGEMENT SERVICES, LLC					
Principal Place of Business 307 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030		Mailing Address 307 INTERNATIONAL CIRCLE MAIL CODE - CP HUNT VALLEY, MD 21030			
2. Principal Place of Business 940 Ridgebrook Road Suite, Apt. #, etc. Attn: Legal Department City & State Sparks, MD Zip 21152 Country USA		3. Mailing Address 940 Ridgebrook Road Suite, Apt. #, etc. Attn: Legal Department City & State Sparks, MD Zip 21152 Country USA		 01202004 Chg-LLC CR2E083 (10/03) 4. FEI Number 11-3494799 Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHIDSEY, JOHN W 6 SYLVAN WAY PARSIPPANY, NJ 07054	<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	MGR BUCKMAN, JAMES E 6 SYLVAN WAY PARSIPPANY, NJ 07054	<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	VAS WEIKEL, JOSEPH W 307 INTERNATIONAL CIRCLE HUNT VALLEY, MD 21030	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Weikel, Joseph W. 940 Ridgebrook Road, Attn: Legal Dept. Sparks, MD 21152 <input checked="" 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	
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	
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	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Joseph W. Weikel 			01/20/04 410-771-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		