

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90038 002 \*\*\*\*50.00

20000499



01052006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # M99000000789</b> 1. Entity Name PHH VEHICLE MANAGEMENT SERVICES, LLC					
Principal Place of Business 940 RIDEBROOK ROAD ATTN: LEGAL DEPARTMENT SPARKS GLENCOE, MD 21152			Mailing Address 940 RIDEBROOK ROAD ATTN: LEGAL DEPARTMENT SPARKS GLENCOE, MD 21152		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 11-3494799	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILROY, GEORGE J <del>XXXX INTERNATIONAL XXXXX</del> 940 Ridgebrook Road <del>HUNTSVILLE, AL 35894</del> Sparks, MD 21152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP & CFO Neil Cashen 940 Ridgebrook Road Sparks, MD 21152	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUCKMAN, JAMES E 6 SYLVAN WAY PARSIPPANY, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr VP & Secretary William F. Brown 3000 Leadenhall Road Mt. Laurel, NJ 07040	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEIKEL, JOSEPH W 940 RIDGEBROOK ROAD, ATTN: LEGAL DEPT. SPARKS GLENCOE, MD 21152		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Kimberling VP & Asst Secretary 940 Ridgebrook Road Sparks, MD 21152	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WYSHNER, DAVID B 1 CAMPUS DRIVE PARSIPPANY, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & Treasurer Mark E. Johnson 3000 Leadenhall Road Mt. Laurel, NJ 07040	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOCK, ERIC J 9 WEST 57TH STREET, 37TH FLOOR NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHRER, SCOTT D 1 CAMPUS DRIVE PARSIPPANY, NJ 07054		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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.					
<b>SIGNATURE:</b>			Joseph Weikel		01/05/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone # 410-771-2336