

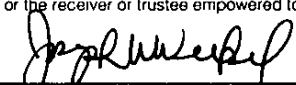


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 18 AM 9:37

DOCUMENT # M99000000789 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 - No P.O. Box # 940 Ridgebrook Road Suite, Apt. #, etc. ATTN: Legal Dept.		3. Mailing Address 940 Ridgebrook Road Suite, Apt. #, etc. ATTN: Legal Dept.			
City & State Sparks, MD		City & State Sparks, MD		01042007 Chg-LLC CR2E083 (12/06)	
Zip 21152		Country USA		4. FEI Number 11-3494799	
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 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 _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KILROY, GEORGE J 940 RIDEBROOK ROAD SPARKS, MD 21152 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exec VP & CFO Clair M. Raubenstine 940 Ridgebrook Road Sparks, MD 21152 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEF CASHEN, NEIL 940 RIDEBROOK ROAD SPARKS, MD 21152 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400085646154 01/23/07--01006--002 **\$50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS WEIKEL, JOSEPH W 940 RIDEBROOK ROAD, ATTN: LEGAL DEPT. SPARKS GLENCOE, MD 21152 <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	SVC BROWN, WILLIAM F 3000 LEADENHALL ROAD MOUNT LAUREL, NJ 07040 <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	ASV KIMBERLING, DAVID 940 RIDEBROOK ROAD SPARKS, MD 21152 <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	TRCS JOHNSON, MARK E 3000 LEADENHALL ROAD MAPLEWOOD, NJ 07040 <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 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.					
SIGNATURE:  Joseph W. Weikel 01/04/07 410-771-2336					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					