

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P04156 (6)**  
1. Corporation Name: **HERTZ TRANSPORTING, INC.**



Principal Place of Business: **225 BRAE BLVD PARK RIDGE NJ 07656-0713**  
Mailing Address: **225 BRAE BLVD PARK RIDGE NJ 07656-1670**

3. Date Incorporated or Qualified: **11/27/1984**  
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**

4. FEI Number: **13-3215204**  
Applied For:  Not Applicable

22. Suite, Apt #, etc.: **27**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

28. City & State: **29**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip: **25** Country: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOCH, CRAIG R.	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	TSCHIRHART, PAUL M.	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RILLINGS, ROBERT H.	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STEELE, DONALD F.	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIDER, WILLIAM	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SZOT, JOHN M.	
STREET ADDRESS	225 BRAE BLVD	
CITY-ST-ZIP	PARK RIDGE NJ	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *John Szot* **John Szot** *Prof. Secy* **1/27/97** **201-307-2366**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**HERTZ TRANSPORTING, INC.  
DIRECTORS AND OFFICERS**

**DIRECTORS**

**Craig R. Koch**

**ADDRESS**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**William Sider**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Donald F. Steele**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**OFFICERS**

**Craig R. Koch  
President**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**William Sider  
Vice President**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Donald F. Steele  
Vice President**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Paul M. Tschirhart  
Vice President  
& Secretary**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Robert H. Rillings  
Treasurer**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Lauren S. Babus  
Assistant Treasurer**

**225 Brae Boulevard  
Park Ridge, NJ 0765**

**I. David Parkoff  
Assistant Secretary**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**Robert S. Regan  
Assistant Secretary**

**225 Brae Boulevard  
Park Ridge, NJ 07656**

**John M. Szot  
Assistant Secretary**

**225 Brae Boulevard  
Park Ridge, NJ 07656**