


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P04156 1. Entity Name HERTZ TRANSPORTING, INC.	
---	---

Principal Place of Business 225 BRAE BLVD PARK RIDGE, NJ 07656-0713	Mailing Address 225 BRAE BLVD PARK RIDGE, NJ 07656-0713
---	---



03292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3215204	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

000000558867
 05/17/06-80114-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NOTHWANG, JOSEPH R 225 BRAE BLVD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROLFE, HAROLD E 225 BRAE BLVD PARK RIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RILLINGS, ROBERT H. 225 BRAE BLVD PARK RIDGE, NJ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLLACK, IRWIN M. 225 BRAE BLVD. PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIRACUSA, PAUL 225 BRAE BLVD PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SZOT, JOHN M. 225 BRAE BLVD PARK RIDGE, NJ

DO NOT WRITE IN THIS SPACE

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:  John Szot 4/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 201-307-2366
Daytime Phone #