FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P35500** **(8)**

1. Corporation Name

PHH VEHICLE MANAGEMENT SERVICES CORPORATION

Principal Place of Business	Mailing Address
307 INTERNATIONAL CIRCLE MAIL CODE CP COCKEYSVILLE HUNT VALLEY MD 21030-1337	307 INTERNATIONAL CIRCLE MAIL CODE CP COCKEYSVILLE HUNT VALLEY MD 21030-1337

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **08/22/1991**

3a. Date of Last Report: **03/06/1995**

4. FEI Number: **52-0792989** ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 607.0502 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 (Signature of new Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KUNISCH, ROBERT D.		1.2 NAME		
STREET ADDRESS	11333 MCCORMICK RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEIERHENRY, ROY A.		2.2 NAME		
STREET ADDRESS	11333 MCCORMICK RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		2.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ADLER, WILLIAM F.		3.2 NAME		
STREET ADDRESS	307 INTERNATIONAL CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		3.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOWBLE, TERRY A.		4.2 NAME		
STREET ADDRESS	307 INTERNATIONAL CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MACLURE, LAURENS JR		5.2 NAME		
STREET ADDRESS	307 INTERNATIONAL CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HUNT VALLEY MD		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MITCHELL, ROBERT W.		6.2 NAME	Edwards, Terence W.	
STREET ADDRESS	11333 MCCORMICK RD.		6.3 STREET ADDRESS	11333 McCormick Road	
CITY-ST-ZIP	HUNT VALLEY MD		6.4 CITY-ST-ZIP	Hunt Valley, MD 21031	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 on an attachment with an address.

SIGNATURE: [signature] 1/15/96 410-771-2335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Laurens MacLure, Jr., Senior Vice President