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Jan 16 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 # **P35500** (8)
1. Corporation Name
PHH VEHICLE MANAGEMENT SERVICES CORPORATION



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

Mailing Address
**307 INTERNATIONAL CIRCLE
MAIL CODE CP
COCKEYSVILLE HUNT VALLEY MD 21030-1334**

3. Date Incorporated or Qualified
08/22/1991

3a. Date of Last Report
01/26/1996

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 21030-1337 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 21030-1337 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	KUNISCH, ROBERT D.	
STREET ADDRESS	11333 MCCORMICK RD.	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	MEIERHENRY, ROY A.	
STREET ADDRESS	11333 MCCORMICK RD.	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ADLER, WILLIAM F.	
STREET ADDRESS	307 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FOWBLE, TERRY A.	
STREET ADDRESS	307 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MACLURE, LAURENS JR	
STREET ADDRESS	307 INTERNATIONAL CIRCLE	
CITY - ST - ZIP	HUNT VALLEY MD	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EDWARDS, TERENCE W	
STREET ADDRESS	11333 MCCORMICK ROAD	
CITY - ST - ZIP	HUNT VALLEY MD	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Senior Vice President,
2.3 STREET ADDRESS	Treasurer and Director
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 on an attachment with an address.

SIGNATURE: **Laurens MacLure, Jr.**
Vice President 1/6/97 410-771-2335

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

CR2E034 (9/96)