


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P36689	
1. Entity Name HERTZ INTERNATIONAL, LTD., INC.	

Principal Place of Business 225 BRAE BLVD PARK RIDGE, NJ 07656 US	Mailing Address 225 BRAE BLVD PARK RIDGE, NJ 07656 US
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02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 99-0089416	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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD KOCH, CRAIG R 225 BRAE BV PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCFO SIRACUSA, PAUL J 225 BRAE BV PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RILLINGS, ROBERT H. 225 BRAE BV PARK RIDGE, NJ 07656
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TARIDE, MICHEL 700 BATH RD CRANFORD MIDDLESEX, UK, tw59sw
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/19/05-80099-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Szot

4/11/05
Date

201-307-2366
Daytime Phone #