# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 05, 2005 8:00 am**
**Secretary of State**
05-05-2005 90107 045 ***150.00

DOCUMENT # F01000002831

1. Entity Name
PREVOST CAR (US) INC.

50049256

04202005 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 6931 BUSINESS PARK BLVD. NORTH<br>JACKSONVILLE, FL 32256 US | 6931 BUSINESS PARK BLVD. NORTH<br>JACKSONVILLE, FL 32256 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | 201 South Avenue<br>Suite, Apt. #, etc. |
| City & State | South Plainfield, NJ<br>City & State |
| Zip / Country | 07080 / USA<br>Zip / Country |

4. FEI Number 14-1768147 ☐ Applied For ☐ Not Applicable

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2005 Fee will be $550.00**

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

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>BOLDUC, GAETAN<br>1167 KENNEDY STREET ST. JOSEPH<br>QC, G0S 2VO | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>DION, GILLES<br>944 DE VINCI N ST JEAN CHRYSOSTOME<br>QC, G6Z 2G6 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BEGIN, RENE<br>11A MARGUERITE D'YOUVILLE LEWIS<br>QC, G6V 4C9 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Boutte, Gilles<br>1516 Pamphile Lemay<br>QC G1Y 3C2 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WOOD, ROBERT W<br>3B, ALDENHAM GROVE RADLETT HERTS<br>WD7 7BW, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BACKSTROM, TORE<br>ASCHEBERGSGATAN<br>GOTEBORG, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WELSH, ALLAN<br>CAPPS MEADOW, CAPPS LANE<br>CHARTRIDGE, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 4/25/05 908.222.7211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # Ext 221