

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 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 # *F96000003412*
1. Corporation Name
VOLVO CONSTRUCTION EQUIPMENT FINANCE NORTH AMERICA, INC

Principal Place of Business **Mailing Address**

3. Date Incorporated or Qualified **3a. Date of Last Report**
 5-14-96
4. FEI Number **Applied For**
 56-1972801 **Not Applicable**
6. Certificate of Status Desired **\$8.76 Additional Fee Required**
8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes **Yes** **No**

2. Principal Place of Business **2a. Mailing Address**
21 **26**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
22 ONE WEST PACK SQUARE **27** ONE WEST PACK SQUARE
 City & State City & State
23 ASHEVILLE, NC **28** ASHEVILLE, NC
 Zip Country Zip Country
24 28801 **26** USA **28** 28801 **30** USA

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**
81 Name **81** Name
 CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
 1200 SOUTH PINE ISLAND ROAD
83 **83** **88** Zip Code
 -05/19/97--01122--005 ***165.00 FL 33324
84 City **84** City

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, 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**
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARK WETULA
STREET ADDRESS		1.3 STREET ADDRESS	ONE WEST PACK SQUARE
CITY - ST - ZIP		1.4 CITY - ST - ZIP	ASHEVILLE, NC 28801
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARK DELONG
STREET ADDRESS		2.3 STREET ADDRESS	ONE WEST PACK SQUARE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	ASHEVILLE, NC 28801
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	ERIC LEBLANC
STREET ADDRESS		3.3 STREET ADDRESS	CHAUSSÉE DELA HULPE 130
CITY - ST - ZIP		3.4 CITY - ST - ZIP	BRUSSELS, BELGIUM
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LES KOLLS
STREET ADDRESS		4.3 STREET ADDRESS	7823 NATIONAL SERVICE RD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	GREENSBORO, NC 27402
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	HELMUT PETERS
STREET ADDRESS		5.3 STREET ADDRESS	ONE WEST PACK SQUARE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	ASHEVILLE, NC 28801
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DENNIS EAGAN
STREET ADDRESS		6.3 STREET ADDRESS	ONE WEST PACK SQUARE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	ASHEVILLE, NC 28801

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark J. Wetula* **4/30/97** **704 285 2101**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #