

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	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

400002552424
 -06/03/98--01016--060
 ***DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 ONE WEST PACK SQUARE Suite, Apt. #, etc. 22		2a. Mailing Address 26 ONE WEST PACK SQUARE Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 5-14-96		4. FEI Number 56-1972801		Applied For Not Applicable	
City & State 23 ASHEVILLE, NC		City & State 28 ASHEVILLE, NC		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24 28801	Country 25 USA	Zip 29 28801	Country 30 USA						

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name CT CORPORATION SYSTEM			
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
				83			
				84 City PLANTATION			
				FL		86 Zip Code 33324	

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DENNIS EAGAN ONE WEST PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VP/TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK WETULA ONE WEST PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARK DELONG ONE WEST PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	ASST. SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition EVAN BRUMM ONE WEST PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HELMUT PETERS ONE WEST PACK SQUARE ASHEVILLE, NC 28801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BJORN AHLSTROM 25 PHILLIPS PARKWAY MONTUALE, NJ 07645

14. I 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: EVAN BRUMM 5/19/98 704-285-2100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)