

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F99000002732		
1. Entity Name VOLVO AERO NORTH AMERICA, INC.		

FILED
04 APR -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 645 PARK OF COMERCE WAY BOCA RATON, FL 33487	Mailing Address 645 PARK OF COMERCE WAY BOCA RATON, FL 33487
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

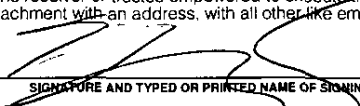
03172004 Chg-P CR2E034 (10/03)	
4. FEI Number 98-0131875	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARTNEY, KEVIN P 645 PARK OF COMMERCE WAY BOCA RATON, FL 33487	
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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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	CD GUSTAFSSON, LEIF S461 81 TROLLHATTAN SWEDEN, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP RICHARD P. MURAD 645 PARK OF COMMERCE WAY BOCA RATON FL 33487 ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLESON, EDUARD S461 81 TROLLHATTAN SWEDEN, ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEFFAN ZACKARSSON SE-161 26 BROMMA, SWEDEN ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MALMROS, CLAES ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNA BJERKELUND S461 81 TROLLHATTAN, SWEDEN ☐ Change ☒ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEVP HARTNEY, KEVIN ESQ. ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400033096364 04/19/04 01075 001 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	KEVIN P. HARTNEY Date 3/18/04 Daytime Phone # 561-989-3823