2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 566684

FILED Sep 08, 2008 Secretary of State

Entity Name: COMMERCIAL VEHICLES OF SOUTH FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business: 7528 US HWY 301 NORTH TAMPA, FL 33637 **Current Mailing Address: New Mailing Address:** 7528 US HWY 301 NORTH TAMPA, FL 33637 FEI Number: 59-1829444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PRIOR, BRADLEY W MERRIFIELD, JOHN H Name: Name: 7528 US HWY 301 NORTH 7528 US HWY 301 NORTH Address: Address: TAMPA, FL 33637 US TAMPA, FL 33637 US City-St-Zip: City-St-Zip: Title: VD Title: TD () Delete (X) Change () Addition Name: DASSANKO, GARY Name: DASSANKO, GARY 7528 US HWY 301 NORTH 7528 US HWY 301 NORTH Address: Address: TAMPA, FL 33637 US TAMPA, FL 33637 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WELLS, TALMADGE Name: Name: 4747 N CHANNEL AVE Address: Address: City-St-Zip: PORTLAND, OR 97208 US City-St-Zip: Title: () Delete Title: (X) Change () Addition KAUFMANN, KARL KAUFMANN, KARL-WILHELM Name: Name: Address: ORE MERCEDES DR Address: ORE MERCEDES DR City-St-Zip: MONTVALE, NJ 07645 City-St-Zip: MONTVALE, NJ 07645 Title: Title: () Delete () Change () Addition FRACK, EILEEN Name: Name: 2701 NW VAUGHN STE 900 Address: Address: City-St-Zip: PORTLAND, OR 97210 City-St-Zip: Title: () Delete Title: () Change (X) Addition SILVESTRI, PAULO Name: Name: 7528 US HIGHWAY 301 N Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33637 US I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my

electronic 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

SIGNATURE: JOHN H. MERRIFIELD PD

Electronic Signature of Signing Officer or Director

above, or on an attachment with an address, with all other like empowered.

Date

09/08/2008