

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 819349 (2)  
1. Corporation Name  
NAVISTAR INTERNATIONAL TRANSPORTATION CORP.



Principal Place of Business Mailing Address  
455 N. CITYFRONT PLAZA DR.  
CHICAGO ILLINOIS 60611 455 N. CITYFRONT PLAZA DR.  
CHICAGO ILLINOIS 60611

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/04/1966		3a. Date of Last Report 04/28/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-1264810		Applied For Not Applicable	
22	City & State	27	13th Fl., Law Offices	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOUGH, THOMAS M.	1.2 NAME	
STREET ADDRESS	455 N. CITYFRONT PL DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO, IL 00000	1.4 CITY- ST- ZIP	Chicago, IL 60611
TITLE	DCP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORNE, JOHN R	2.2 NAME	
STREET ADDRESS	455 N. CITYFRONT PL DR	2.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO, IL 00000	2.4 CITY- ST- ZIP	Chicago, IL 60611
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONGIORNO, JOHN J	3.2 NAME	
STREET ADDRESS	2850 GOLF RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60008	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENNES, GREGORY	4.2 NAME	
STREET ADDRESS	455 N. CITYFRONT PL DR	4.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO, IL 00000	4.4 CITY- ST- ZIP	Chicago, IL 60611
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANNESON, DAVID J	5.2 NAME	
STREET ADDRESS	455 N. CITYFRONT PLAZA DR.	5.3 STREET ADDRESS	
CITY- ST- ZIP	CHICAGO IL 60611	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COTTING, JAMES C.	6.2 NAME	DV Robert C. Lannert
STREET ADDRESS	455 N. CITYFRONT PL DR	6.3 STREET ADDRESS	455 North Cityfront Plaza Drive
CITY- ST- ZIP	CHICAGO IL	6.4 CITY- ST- ZIP	Chicago, IL 60611

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Gregory Lennes*

Gregory Lennes

4/25/96

312-836-2164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)