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FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90109 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 819349

1. Corporation Name

NAVISTAR INTERNATIONAL TRANSPORTATION CORP.

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

Mailing Address
455 N. CITYFRONT PLAZA DR.
13TH FLR LAW OFFICES
CHICAGO ILLINOIS 60611
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1966

4. FEI Number

36-1264810

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VT	<input type="checkbox"/> DELETE
NAME	HOUGH, THOMAS M.	
STREET ADDRESS	455 N. CITYFRONT PL DR	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HORNE, JOHN R	
STREET ADDRESS	455 N. CITYFRONT PL DR	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BONGIORNO, JOHN J	
STREET ADDRESS	2850 GOLF RD.	
CITY-ST-ZIP	CHICAGO IL 60008	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LENNES, GREGORY	
STREET ADDRESS	455 N. CITYFRONT PL DR	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHANNESON, DAVID J	
STREET ADDRESS	455 N. CITYFRONT PLAZA DR.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LANNERT, ROBERT C.	
STREET ADDRESS	455 NORTH CITYFRONT PLAZA DR	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory Lennes

4/5/99

312-836-2169

Date

Daytime Phone #