## 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 #** 

1. Corporation Name

821428

(0)

NAVISTAR	INTERNATIONAL	<b>EXPORT</b>	CORPORATION
NATIOTAN	INTERNATIONAL	EAFUNI	CURPURATION

Pri	incipal Place of Business Mailing Address					r santat instin tions 1501) dinta tions inte dibit dinti atali dant Ribit dint												
455 N. CITYFRONT PLAZA DRIVE CHICAGO ILL 60611				455 N. CITYFRONT PLAZA DRIVE CHICAGO ILL 60611														
											3. Date Incorporated or Qualified 3a. Date of Last Rep. 05/10/1968 04/25/199							
	Principal Plac	<u> </u>			F	n. Malling Address			4.		umber	04000	<u>L</u>			Applied For		
21	Suite, Apt. #,						30			36-1264990					Not Applicable			
22	2000, ripti 11, 000.			27				5.	Certif	icate o	Status Desired		\$		5 Additional			
LL	City & State					City & State					6	Flecti	on Can	npaign Financing				Required
23					23	'n							Contribution	" D			0 May Be d to Fees	
	Zip			Country		Zip Country			8. This corporation has liability for intangible tax under s 199.032,									
24			25		29		30					Florid	a Statu	ites 🔲 '	Yes 🔀	No		,
		9. Name	and	Address of Curren	t Regis	stered Agent					10.	Nam	e and	Address of Ne	w Regist	ered Age	nt	
	CT COD	PORATIO	M C	VOTELL				81	Name	€								
								82	Stree	1 Addres	ss (P.	O. Bo	k Numl	er is Not Accep	otable)			
1200 S. PINE ISLAND ROAD PLANTATION FL 33324							83											
	LONIO	IION I E	0001	.7				53										
								84	City							FL 85	Z	p Code
11.	Pursuant to	the provisi	ons o	of Sections 607.0502	and 50	07.1508, Florida Statu	ites, the ab	 ove-n	amed a	comorat	tion si	ubmits	this et	atement for the	nurnaca		)	ropiotored office
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14.	I do hereby o	certify that	the in	nformation supplied w	⁄ith thi≤	filing is voluntarily fun	nighod and	dooe	not or	alify for	tho o	vomol	ion oto	ted in Costion 1	19.07(3)(	k), Florida S	Statut	es. 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.																		
SI	GNATU	IRE:	 ناه	pega	1.4	NAME OF SIGNING OFSIC	-Crego	гу	Len	nes			4	/25/96	312	-836-	216	4

SIGNATURE AND TOED OR ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davame Phone #