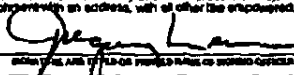


FILED

03 JUL -3 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

00141064

DOCUMENT #821428			
1. Entity Name INTERNATIONAL TRUCK AND ENGINE EXPORT CORPORATION			
Principal Place of Business 4201 WINFIELD ROAD WARRNEVILLE, IL 60555		Mailing Address 4201 WINFIELD ROAD WARRNEVILLE, IL 60555 US	
2. Principal Place of Business		3. Mailing Address	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. PD Number: 38-1264890		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			
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, name or printed name of registered agent and title (if available) (Printed Name) Registered Agent/Attorney-in-Fact (Printed Name) Date			
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	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME	DATE	NAME	DATE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(3), 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 attachments.			
SIGNATURE: 		Gregory Lennes 4/22/03 630-753-5000	

See attached list of Officers and Directors

217/3