

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833523

FILED
Apr 27, 2006
Secretary of State

Entity Name: MACK TRUCKS, INC.

Current Principal Place of Business:

2100 MACK BLVD.
ALLENTOWN, PA 18105

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60577
FT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 22-1582040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: VIKNER, PAUL L
Address: 2100 MACK BLVD
City-St-Zip: ALLENTOWN, PA 18105 US

Title: VP () Delete
Name: HOMCHA, STEPHEN F
Address: 2100 MACK BLVD
City-St-Zip: ALLENTOWN, PA 18105 US

Title: SECT () Delete
Name: PICKETT, THERENCE O
Address: 2900 NATIONAL SERVICE ROAD
City-St-Zip: GREENSBORO, NC 27409 US

Title: TRES () Delete
Name: NIZNIK, MARGARET
Address: 2100 MACK BLVD
City-St-Zip: ALLENTOWN, PA 18105 US

Title: C B () Delete
Name: JEANSSON, LENNART
Address: DEPT 30/ VHK, SE-405 08
City-St-Zip: GOTEBOG, SWEDEN, NA NONE SW

Title: DIR () Delete
Name: CARLSSON, PER
Address: DEPT. 20400, S405 08
City-St-Zip: GOTEBOG, SWEDEN, NA NONE SW

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: VIKNER, PAUL L
Address: DEPT 31/ VHK, SE-405 08
City-St-Zip: GOTEBOG, SWEDEN, NA NONE SW

Title: VP (X) Change () Addition
Name: TROGEN, KARL-ERLING
Address: 2100 MACK BLVD
City-St-Zip: ALLENTOWN, PA 18105 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: THOREN, LARS
Address: 2100 MACK BLVD
City-St-Zip: ALLENTOWN, PA 18105 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERENCE O PICKETT

SECT

04/27/2006

Electronic Signature of Signing Officer or Director

Date