

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833523

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: MACK TRUCKS, INC.

## Current Principal Place of Business:

2100 MACK BLVD.  
ALLENTOWN, PA 18105

## New Principal Place of Business:

2100 MACK BLVD.  
ALLENTOWN, PA 18103

## 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: SLAGLE, DENNIS  
Address: 2100 MACK BLVD  
City-St-Zip: ALLENTOWN, PA 18105 SW

Title: DIR ( ) Delete  
Name: KARLSTEN, PETER  
Address: 7900 NATIONAL SERVICE ROAD  
City-St-Zip: GREENSBORO, NC 27409 US

Title: SECT ( ) Delete  
Name: PICKETT, THERENCE O  
Address: 7900 NATIONAL SERVICE RD  
City-St-Zip: GREENSBORO, NC 27409 US

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

Title: DIR ( ) Delete  
Name: JUFORS, STAFFAN  
Address: DEPT. 20000/VLH 8 B, SE-405 08  
City-St-Zip: GOTEBOG, SWEDEN, NA NONE SW

Title: DIR ( ) Delete  
Name: CARLSSON, PER  
Address: 7900 NATIONAL SERVICE RD  
City-St-Zip: GREENSBORO, NC 27409 SW

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SLAGLE, DENNIS  
Address: 2100 MACK BLVD  
City-St-Zip: ALLENTOWN, PA 18103 US

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

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

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

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 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

02/24/2009

Electronic Signature of Signing Officer or Director

Date