


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 843094</b> 1. Entity Name PACCAR FINANCIAL CORP.	
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Principal Place of Business 777 106TH AVE NE BELLEVUE, WA 98004 US	Mailing Address P. O. BOX 1518 BELLEVUE, WA 98009 US
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-6029712	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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U00000948630  
06/02/09-80063-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TEMBREULL, MICHAEL A 777 106TH AVE N.E. BELLEVUE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENEUBRY, TIM M 777 106TH AVE NE BELLEVUE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PIGOTT, M. C. 777 106TH AVE NE BELLEVUE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONOHOE, P.A. 777 106TH AVE NE BELLEVUE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDERSON, DAVID C 777 106TH AVENUE BELLEVUE, WA 98004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: Patricia Donohoe  
Signature and typed or printed name of signing officer or director
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_