2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 858146

FILED Apr 29, 2008 Secretary of State

Entity Name: NEW ENGLAND DETROIT DIESEL-ALLISON, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
BAY STAT AKEFIELD	TE RD), MA 01880	US		
ırrent Mai	iling Address	:	New Mailing Addres	ss:
BAY STAT AKEFIELD	TE RD), MA 01880	US		
l Number: 04	4-2537148	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
ame and A	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
EF, FRANI	KJIII			
AMPA, FL : ne above na	amed entity su	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
AMPA, FL : ne above na the State o	33601 US amed entity su of Florida.	ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,
AMPA, FL : ne above na	33601 US amed entity su of Florida.	ubmits this statement for the personal controls the personal control controls the personal control controls the personal control control controls the personal control control control controls the personal control con		red office or registered agent, or both, Date
AMPA, FL : ne above na the State o	33601 US amed entity su of Florida.			
AMPA, FL : ne above na the State o GNATURE	33601 US amed entity su of Florida.	c Signature of Registered Ag	ent	
AMPA, FL : ie above na the State o GNATURE FFICERS A e: C me: R dress: 6	amed entity supplied in the state of Florida. Electronic Electronic AND DIRECT	C Signature of Registered Age ORS: Delete ES E JR IRCLE	ent	Date
e above na the State of GNATURE FFICERS A e: (Ame: Ame: Ame: Ame: Ame: Ame: Ame: Ame:	amed entity support of Florida. Electronic AND DIRECT CD ()E KNOPF, CHARLE 6680 HARBOR C STUART, FL US	C Signature of Registered Agr ORS: Delete ES E JR IRCLE Delete	ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS

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: JEFFREY P. MANNING PSTD 04/29/2008