2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# F07000005026

Entity Name: WABASH INTERMEDIATE HOLDING CORP.

Current Principal Place of Business:

1104 W. MAPLE RD.
TROY, MI 480845352

New Principal Place of Business:

Current Mailing Address:

1104 W. MAPLE RD.
TROY, MI 480845352

New Mailing Address:

FEI Number: 26-0792396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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: SIMON, MARK
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: CFO ( ) Delete
Name: TRUYENS, NICHOLAS
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: ST ( ) Delete
Name: TRUYENS, NICHOLAS
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: VD ( ) Delete
Name: GILLEN, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VAS ( ) Delete
Name: WERKING, DOUGLAS
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: VAT ( ) Delete
Name: KLAFTER, MELISSA
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: STORRIE, KARL
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: CFO (X) Change ( ) Addition
Name: BUTLER, JAMES E
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: S (X) Change ( ) Addition
Name: BUTLER, JAMES E
Address: 1104 W. MAPLE RD.
City-St-Zip: TROY, MI 480845352

Title: D (X) Change ( ) Addition
Name: GILLEN, MICHAEL
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change ( ) Addition
Name: WALTERS, RICK
Address: 5200 TOWN CENTER CIRCLE, SUITE 600
City-St-Zip: BOCA RATON, FL 33486

Title: D (X) Change ( ) Addition
Name: STORRIE, KARL
Address: 1104 W. MAPLE ROAD
City-St-Zip: TROY, MI 48084

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: JAMES BUTLER CFO 01/09/2009

Electronic Signature of Signing Officer or Director — Date