## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F07000005602

Entity Name: STERLING TRUCK CORPORATION

FILED Nov 12, 2008 Secretary of State

Current Pr	incipal Plac	e of Business:	New Princ	New Principal Place of Business:		
2701 NW VAUGHN ST. PORTLAND, OR 97210				4747 N. CHANNEL AVENUE ATTENTION: CYNTHIA SCOTT PORTLAND, OR 97217		
Current Mailing Address:				New Mailing Address:		
2701 NW VAUGHN ST. PORTLAND, OR 97210			ATTENTIC	4747 N. CHANNEL AVENUE ATTENTION: CYNTHIA SCOTT PORTLAND, OR 97217		
FEI Number:	91-1833215	FEI Number Applied For ( ) FEI	Number Not Appl	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US						
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: NANCY LYDON						
	Electro	nic Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP ( PATTERSON, 2701 NW VAU PORTLAND, C	IGHN ST.	Title: Name: Address: City-St-Zip:	MR. (X) PATTERSON, CI 4747 N. CHANNI PORTLAND, OR	EL AVENUE	
Title: Name: Address: City-St-Zip:	D ( KRITSCHGAU 2701 NW VAU PORTLAND, C	IGHN ST.	Title: Name: Address: City-St-Zip:	MR. (X) CONLAN, JACK 4747 N. CHANNI PORTLAND, OR	EL AVENUE	
Title: Name: Address: City-St-Zip:	DV ( CONLAN, JAC 2701 NW VAU PORTLAND, C	IGHN ST.	Title: Name: Address: City-St-Zip:	MR. (X) KRITSCHGAU, J 4747 N. CHANNI PORTLAND, OR	EL AVENUE	
Title: Name: Address: City-St-Zip:	S ( HURD, PAUL 2701 NW VAU PORTLAND, C		Title: Name: Address: City-St-Zip:	MR. (X) SAWARD, RICH 4747 N. CHANNI PORTLAND, OR	EL AVENUE	
Title:	T (	) Delete	Title:	MR. (X)	Change ( ) Addition	

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: CHRIS PATTERSON MR. 11/12/2008

2701 NW VAUGHN ST.

( ) Delete

City-St-Zip: PORTLAND, OR 97210

Address:

Title:

Name:

Address:

City-St-Zip:

4747 N. CHANNEL AVENUE

SILVESTRI, PAULO TREASUR

4747 N. CHANNEL AVENUE

( ) Change (X) Addition

PORTLAND, OR 97217

PORTLAND, OR 97217