2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000004976

Entity Name: FREIGHTLINER CUSTOM CHASSIS CORPORATION

FILED Oct 21, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
552 HYATT STREET GAFFNEY, SC 29341						
Current Mailing Address:				New Mailing Address:		
552 HYATT STREET GAFFNEY, SC 29341			4747 N. CHANNEL AVENUE ATTN: CYNTHIA SCOTT, C3B-LGL PORTLAND, OR 97217			
FEI Number:	FEI Number: 93-1173788 FEI Number Applied For () FEI Number		nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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						
	Electronic	Signature of Registered Agent	•			Date
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PATTERSON, CH 4747 N. CHANNE PORTLAND, OR	EL AVENUE 97217 Delete JERGEN EL AVENUE		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DAUM, MARTII 4747 N. CHAN PORTLAND, O	NEL AVENUE
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Title: Name: Address: City-St-Zip:	D ()[HURD, PAUL 4747 N. CHANNE PORTLAND, OR	L AVENUE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () [SILVESTRI, PAU 4747 N. CHANNE PORTLAND, OR	L AVENUE		Title: Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	D (TALMADGE, W 4747 N. CHAN PORTLAND, O	NEL AVENUE

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: PAUL HURD SECR 10/21/2009