

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004925

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: DAIMLER BUSES NORTH AMERICA INC.

## Current Principal Place of Business:

165 BASE ROAD  
ORISKANY, NY 13424 US

## New Principal Place of Business:

## Current Mailing Address:

350 HAZELHURST ROAD  
MISSISSAUGA, ONTARIO CANADA, ON L5J 4T8

## New Mailing Address:

350 HAZELHURST ROAD  
MISSISSAUGA, ON L5J 4T8 CA

FEI Number: 06-1425755

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: PD ( ) Delete  
Name: STRECKER, ANDREAS  
Address: 6012 HIGH POINT ROAD  
City-St-Zip: GREENSBORO, NC 27407

Title: CCO ( ) Delete  
Name: SCULLY, PATRICK  
Address: 6012-B HIGH POINT ROAD  
City-St-Zip: GREENSBORO, NC 27407

Title: CFOT ( ) Delete  
Name: HARRY, RENDEL  
Address: 350 HAZELHURST ROAD  
City-St-Zip: MISSISSAUGA, ONTARIO CANADA, ON L5J 4T8

Title: COO ( ) Delete  
Name: WALZ, MARTIN F  
Address: 165 BASE ROAD  
City-St-Zip: ORISKANY, NY 13424

Title: S ( ) Delete  
Name: CRASSWELLER, CHRISTOPHER L  
Address: 350 HAZELHURST ROAD  
City-St-Zip: MISSISSAUGA, ONTARIO CANADA, ON L5J 4T8

Title: O ( ) Delete  
Name: HEUMAN, DOUGLAS H  
Address: 350 HAZELHURST ROAD  
City-St-Zip: MISSISSAUGA, ONTARIO CANADA, ON L5J 4T8

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTOPHER L. CRASSWELLER

S

04/06/2009

Electronic Signature of Signing Officer or Director

Date