

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F97000001884 (2)
 1. Corporation Name
FRUEHAUF TRAILER SERVICES, INC.



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| Principal Place of Business 1013 CENTRE RD WILMINGTON DE 19805 | Mailing Address 1013 CENTRE RD WILMINGTON DE 19805 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|---|--|
| 2. Principal Place of Business 21 17301 N.W. Second Avenue Suite, Apt. #, etc 22 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 | | 3. Date Incorporated or Qualified 04/11/1997 | |
| 23 City & State Miami, FL | | 28 City & State | | 4. FEI Number 35-2012484 | |
| 24 Zip 33169 | | 29 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|---|-------------|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | 85 Zip Code |
| | | | | FL | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ Signature of the principal, registered agent and the applicant (NCH) Registered Agent signature required when reinstating DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DC <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EHRlich, DONALD J | 1.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 1.4 CITY-ST-ZIP | |
| TITLE | CEO <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EHRlich, DONALD J | 2.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 2.4 CITY-ST-ZIP | |
| TITLE | DCVT <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLDEN, MARK R | 3.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DESSIMOZ, RICHARD E | 4.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 4.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NAGLE, DEREK L | 5.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 5.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAMBS, JOHN | 6.2 NAME | |
| STREET ADDRESS | 1000 SAGAMORE PKWY S | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAFAYETTE IN 47905 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE _____ *[Handwritten Signature]* **04/20/98** *[Handwritten]*

CR2E034 (10/97)