

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001884

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: WABASH NATIONAL TRAILER CENTERS, INC.

**Current Principal Place of Business:**

17301 NW SECOND AVE  
MIAMI, FL 33169 US

**New Principal Place of Business:**

**Current Mailing Address:**

1000 SAGAMORE PKWY S  
ATTEN: TAX DEPT  
LAFAYETTE, IN 47905

**New Mailing Address:**

FEI Number: 35-2012484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: P ( ) Delete  
Name: GIROMINI, RICHARD  
Address: 1000 SAGAMORE PARKWAY S.  
City-St-Zip: LAFAYETTE, IN 47905

Title: S ( ) Delete  
Name: KRETZ, CYNTHIA  
Address: 1000 SEGAMORE PKWY  
City-St-Zip: LAFAYETTE, IN 47905

Title: VCFO ( ) Delete  
Name: SMITH, ROBERT  
Address: 1000 SAGAMORE PARKWAY S  
City-St-Zip: LAFAYETTE, IN 47901

Title: D ( ) Delete  
Name: GREUBEL, WILLIAM P  
Address: 1000 SEGAMORE PKWY  
City-St-Zip: LAFAYETTE, IN 47905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BRUCE, EWALD  
Address: 1000 SAGAMORE PARKWAY S.  
City-St-Zip: LAFAYETTE, IN 47905

Title: S (X) Change ( ) Addition  
Name: LAWRENCE, CUCULIC  
Address: 1000 SEGAMORE PKWY  
City-St-Zip: LAFAYETTE, IN 47905

Title: VP (X) Change ( ) Addition  
Name: ROBERT, SMITH  
Address: 1000 SAGAMORE PARKWAY S  
City-St-Zip: LAFAYETTE, IN 47901

Title: D (X) Change ( ) Addition  
Name: RICHARD, GIROMINI  
Address: 1000 SEGAMORE PKWY  
City-St-Zip: LAFAYETTE, IN 47905

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: TARA KAMM

M

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date