

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001884

FILED
Apr 21, 2009
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: BRUCE, EWALD
Address: 1000 SAGAMORE PARKWAY S.
City-St-Zip: LAFAYETTE, IN 47905

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: NIDA, ROBERT L
Address: 1000 SAGAMORE PARKWAY S.
City-St-Zip: LAFAYETTE, IN 47905

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

Title: VP (X) Change () Addition
Name: SMITH, ROBERT J
Address: 1000 SAGAMORE PARKWAY S
City-St-Zip: LAFAYETTE, IN 47905

Title: DIR (X) Change () Addition
Name: GIROMINI, RICHARD J
Address: 1000 SAGAMORE 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: ROBERT J. SMITH

VP

04/21/2009

Electronic Signature of Signing Officer or Director

_____ Date