


05-06-2003 90046 028 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F97000001884

1. Entity Name
WABASH NATIONAL TRAILER CENTERS, INC.

1-14-03



Principal Place of Business
 17301 NW SECOND AVE
 MIAMI, FL 33169 US

Mailing Address
 1013 CENTRE RD
 WILMINGTON, DE 19805

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 1000 Sagamore Pkwy S.
 Attn: Tax Dept.

City & State
 Lafayette, IN

Zip
 47905

Country
 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
35-2012484

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2526**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEES \$180.00
 After May 1, 2003 Fee will be \$650.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DESSIMOZ, RICHARD E 1000 SAGAMORE PARKWAY S LAFAYETTE, IN 47905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAGLE, DEREK L 12813 FLUSHING MEADOWS DR ST LOUIS, MO 63131	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO HOLDEN, MARK R 1000 SAGAMORE PARKWAY S LAFAYETTE, IN 47901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAMBS, JOHN R 10 N FOURTH STREET LAFAYETTE, IN 47901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HURTT, DONALD G 1000 SAGAMORE PARKWAY S LAFAYETTE, IN 47905	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C OLD, S. MARK 12813 FLUSHING MEADOWS DR ST LOUIS, MO 63131	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Bryan Langford 1000 Sagamore Pkwy Lafayette, IN 47905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Cynthia Kretz 1000 Sagamore Pkwy Lafayette, IN 47905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director William P. Greubel 1000 Sagamore Pkwy Lafayette, IN 47905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **4-28-03** (765) 772-2230
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)