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

DOCUMENT #

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

F99000002732



| Entity Name OLVO AERO NORTH AMERICA, INC. | | |
|---|-------------------------|--|
| incipal Place of Business | Mailing Address | |
| 45 PARK OF COMERCE WAY | 645 PARK OF COMERCE WAY | |
| OCA PATON EL 33497 | ROCA RATON FL 33487 | |

FILED Jul 21, 2003 8:00 am Secrétary of State

07-21-2003 90137 011 ***550.00

10110279



DATE

 \Box

Name HARTNEY, KEVIN P Street Address (P.O. Box Number is Not Acceptable) 645 PARK OF COMMERCE WAY **BOCA RATON FL 33487**

3. Mailing Address

City & State

Suite, Apt. #, etc.

| City | FL | ip 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.

Country

Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change CR2E034 (4/03 TITLE ☐ Delete TITLE ☐ Addition GUSTAFSSON, LEIF NAME NAME S461 81 TROLLHATTAN STREET ADDRESS STREET ADDRESS SWEDEN CITY-ST-ZIP CITY-ST-ZIP TITLE M Delete TITLE ☐ Change ☐ Addition NAME CARLESON, EDUARD NAME S461 81 TROLLHATTAN STREET ADDRESS STREET ADDRESS SWEDEN CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MALMROS, CLAES NAME 645 PARK OF COMMERCE WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HARTNEY, KEVIN ESQ. NAME NAME 645 PARK OF COMMERCE WAY STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33487** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

TEUNIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.