2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005794

FILED Apr 14, 2005 Secretary of State

Entity Name: NAVISTAR INTERNATIONAL TRANSPORTATION CORP.

	rincipal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
	FIELD RD VILLE, IL 6055	55			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	FIELD RD VILLE, IL 6055	55			
FEI Number	: 36-4334206	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU	PORATION SY ITH PINE ISLA ION, FL 33324	ND ROAD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS:	
				() Observe () Addition	
Name: Address:	PCD (X BOARDMAN, R 4201 WINFIEL WARRENVILLE	D RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BOARDMAN, R 4201 WINFIEL WARRENVILLE	OBERT A D RD E, IL 60555) Delete RRY M D RD	Name: Address:	() Change () Addition	
Name: Address: City-St-Zip: Title: Name: Address:	BOARDMAN, R 4201 WINFIEL WARRENVILLE VT (ENDSLEY, TEF 4201 WINFIEL WARRENVILLE	OBERT A D RD E, IL 60555) Delete RRY M D RD E, IL 60555) Delete GORY D RD	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: S Name: PERNA, I Address: 4201 WIR	.,	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 PERNA S 04/14/2005