2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 13, 2009
Secretary of State

DOCUMENT# M00000000859

Entity Name: DAIMLER TRUCKS NORTH AMERICA LLC

Current Principal Place of Business:

4747 NORTH CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
PORTLAND, OR 97217

New Principal Place of Business:

4747 NORTH CHANNEL AVENUE, C3B-LGL
ATTENTION: CYNTHIA SCOTT
PORTLAND, OR 97217

Current Mailing Address:

4747 NORTH CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
PORTLAND, OR 97217

New Mailing Address:

4747 NORTH CHANNEL AVENUE, C3B-LGL
ATTENTION: CYNTHIA SCOTT
PORTLAND, OR 97217

FEI Number: 93-0790608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title:	MR.	( ) Delete
Name:	RENSCHLER, ANDREAS MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	
Title:	MR.	( ) Delete
Name:	PATTERSON, CHRIS MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	
Title:	MR.	( ) Delete
Name:	UEBBER, BODO MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	
Title:	MR.	( ) Delete
Name:	ZETSCHE, DIETER MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	
Title:	MR.	( ) Delete
Name:	ROGER, NIELSEN MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MR.	(X) Change ( ) Addition
Name:	DAUM, MARTIN MANAGER	
Address:	4747 N. CHANNEL AVENUE	
City-St-Zip:	PORTLAND, OR 97217	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTIN DAUM MGR 08/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date