2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 07, 2003
Secretary of State

DOCUMENT# M98000001596

Entity Name: VOLVO COMMERCIAL FINANCE LLC THE AMERICAS

Current Principal Place of Business:

7025 ALBERT PICK RD.
SUITE 105
GREENSBORO, NC 27409

New Principal Place of Business:

Current Mailing Address:

PO BOX 26131
GREENSBORO, NC 27402

New Mailing Address:

FEI Number: 58-2431190 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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/MEMBERS:

Title: MGR ( ) Delete
Name: RYAN, JAMES R
Address: 7025 ALBERT PICK RD. SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: MGR ( ) Delete
Name: MASCHERIN, WALTER P
Address: 7025 ALBERT PICK RD. SUITE 105
City-St-Zip: GREENSBORO, NC 27409

Title: MGR ( ) Delete
Name: DAVIDSON, TERESA D
Address: 7025 ALBERT PICK RD. SUITE 105
City-St-Zip: GREENSBORO, NC 27409

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: TERESA DAVIDSON MGR 01/07/2003

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