



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P12880</b> 1. Entity Name <b>COMMERCIAL VEHICLE SOLUTIONS NETWORK, INC.</b>						<b>FILED</b> <b>06 DEC 13 PM 4:24</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5121 BOWDEN ROAD, SUITE 303</b> <b>JACKSONVILLE, FL 32216-2950</b>				Mailing Address <b>5121 BOWDEN ROAD, SUITE 303</b> <b>JACKSONVILLE, FL 32216-2950</b>			
2. Principal Place of Business		3. Mailing Address		 <b>REINSTATEMENT 2006</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>42-0761277</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>ANGELO VOLPE</b> <b>5121 BOWDEN RD.</b> <b>SUITE 303</b> <b>JACKSONVILLE, FL 32216</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2007, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D SEIWERT, CHRIS <input checked="" type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	4501 W. ESTHNER			NAME	John Bzeta		
STREET ADDRESS	WICHITA, KS 67209			STREET ADDRESS	7707 54th St SE		
CITY-ST-ZIP	WICHITA, KS 67209			CITY-ST-ZIP	Calgary, AB T2C 4R7		
TITLE	DV <input type="checkbox"/> Delete			TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KEN, DUVAL			NAME	900082520269		
STREET ADDRESS	15030 - 118 AVE. E.			STREET ADDRESS	12/13/06--01043--002 **70.00		
CITY-ST-ZIP	EDMONTON, AB T2C 1X8			CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RICHARD, TAYLOR			NAME	Mike Callison		
STREET ADDRESS	2520 22ND ST.			STREET ADDRESS	1436 E. Ovid Ave		
CITY-ST-ZIP	DETROIT, MI 48216			CITY-ST-ZIP	Des Moines, IA 50316-1323		
TITLE	S <input type="checkbox"/> Delete			TITLE	Exec. V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOLPE, ANGELO			NAME			
STREET ADDRESS	5121 BOWDEN RD #303			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete			TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILLIS, DAVID			NAME	John Minor		
STREET ADDRESS	11706 MAYFAIR FIELD DRIVE			STREET ADDRESS	1436 E. Ovid Ave		
CITY-ST-ZIP	LUTHERVILLE TIMONIUM, MD 21093			CITY-ST-ZIP	Des Moines, IA 50316		
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEDEROS, EVELIO			NAME	Robyn Spitzke - Kent		
STREET ADDRESS	1301 PONCE DE LEON AVE			STREET ADDRESS	2525 Inkster Blvd		
CITY-ST-ZIP	RIO PIEDRAS, PR 00926			CITY-ST-ZIP	Winnipeg, MB R2X 2G8		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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.							
<b>SIGNATURE:</b> <u>Angelo Volpe Executive VP</u>				Date <u>12-7-06</u> Daytime Phone # <u>904-737-2900</u>			

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Suite 303  
5121 Bowden Road  
Jacksonville, FL 32216-5950

## Officers

**President**  
Robyn Spitzke-Kent  
*Fort Garry Industries*

**Vice President**  
Glenn Boone  
*Atlantic Coast Trailer Sales*

**Treasurer**  
Ken Duval  
*Canadian Wheel Industries*

**Secretary**  
Tom Stewart  
*Carolina Rim & Wheel*

## Board of Directors

John Bzeta  
*Fleet Brake Parts & Service*

Wayne Keller  
*Keller Truck Parts, Inc.*

Daniel Lefebvre  
*UAP Traction Heavy Duty*

John Minor  
*Midwest Wheel Companies*

Tom Ogren  
*Six Robbles' Inc.*

John Powers  
*Florida Powertrain & Hydraulics*

Don Reimondo  
*Amia Group Inc.*

Gary Smalley  
*Dayton Parts, LLC*

Angelo Volpe  
*Executive Vice President*

#11 Additions Cont'd

VP  
Glenn Boone  
6634 Statesville Rd.  
Charlotte, NC 28269

S  
Tom Stewart  
1308 Upper Asbury Ave  
Charlotte, NC 28206

D  
Wayne Keller  
3530 S. Hanover St.  
Baltimore, MD 21225

D  
Daniel Lefebvre  
400 Place Trans Canada  
Longueuil, QC J4G 1N8

D  
Tom Ogren  
11010 Tukwila Hwy. S.  
Tukwila, WA 98124

D  
John Powers  
2265 W. Beaver St  
Jax, FL 32236

