2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # P12880 04-17-2007 90042 045 ****61.25 COMMERCIAL VEHICLE SOLUTIONS NETWORK, INC. Principal Place of Business Mailing Address 5121 BOWDEN ROAD, SUITE 303 5121 BOWDEN ROAD, SUITE 303 JACKSONVILLE, FL 32216-2950 JACKSONVILLE, FL 32216-2950 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 42-0761277 Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VOLPE, ANGELO Street Address (P.O. Box Number is Not Acceptable) 5121 BOWDEN RD. SUITE 303 JACKSONVILLE, FL 32216 Zip 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. D ☐ Delete TITLE TITLE Change Addition NAME BZETA, JOHN 1308 upper Asbury Av STREET ADDRESS 7707 54TH STREET S.E. STREET ADDRESS CALGARY ALBERTO CANADA, T2C4R7 CITY-ST-ZIP Charlotte CITY-ST-ZIP and TITLE ☐ Delete TITLE Change Addition KEN DUVAL NAME NAME STREET ADDRESS 15030 - 118 AVE. E. STREET ADDRESS CITY-ST-ZIP EDMONTON, AB T2C 1X8 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete mare Karon NAME CALLISON, MIKE NAME 6545 Wallis Rd. STREET ADDRESS STREET ADDRESS 1436 E. OVID AVENUE SIPEE DES MOINES, IA 503161323 CITY-ST-ZIP W. Palm Bh. FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Daniel Lefebrie VOLPE, ANGELO NAME NAME 400 Trans Canada 5121 BOWDEN RD #303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP Longueuil ac J4G INS CAN. TITLE ☐ Delete ☐ Change Addition TITLE MINOR, JOHN NAME Tom Ogren NAME 1436 E. OVID AVENUE STREET ADDRESS STREET ADDRESS 11010 Tukwila Into'l Blud CITY-ST-ZIP DES MOINES, IA 50316 CITY-ST-ZIP Seattle WA 98168 ☐ Delete TITLE ☐ Change ☐ Addition TITLE

12. Thereby 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SPITZKE-KENT, ROBYN

WINNIPEG, MB. R2X-2G8,

2525 INKSTER BLVD.

Un Vola ANGELO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 16-07