2000 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # P23787** 1. Entity Name DETROIT DIESEL OVERSEAS DISTRIBUTION CORPORATION 02-15-2000 90057 049 ***150.00 Principal Place of Business Mailing Address 2277 NW 14TH ST 13400 OUTER DRIVE WEST LATIN AMERICAN BLDG **DETRIOT MI 48239-1309** MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1587687 Not Applicable Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CD TITLE ☐ Addition ☐ Delete PENSKE, ROGER S NAME NAME STREET ADDRESS 13400 OUTER DR W STREET ADDRESS CITY-ST-ZIP DETROIT MI CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE MCCLURE, CHARLES G NAME NAME 13400 OUTER DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DETROIT MI TITLE ☐ Delete TITLE Change ☐ Addition ALLRAN, ROBERT R NAME NAME 13400 OUTER DRIVE WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detroit Mi ☐ Addition TITLE ☐ Delete TITLE ☐ Change MORETON, PAUL A. NAME NAME 13400 W. OUTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DETROIT MI** CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition FARMER, JOHN F. NAME 13400 W. OUTER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DETROIT MI** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCENROE, DANIEL J NAME NAME 13400 OUTER DR W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DETROIT MI**

13. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 11 or Block 12 if

with all other like empowered

SIGNATURE:

FILED