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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29934

(7)

1. Corporation Name

FREIGHTLINER CORPORATION

Principal Place of Business

4747 N. CHANNEL AVE.
PORTLAND OR 97217

Mailing Address

4747 N. CHANNEL AVE.
PORTLAND OR 97217-7613



3. Date Incorporated or Qualified

06/18/1990

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

93-0790608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	HEBE, JAMES L.	
STREET ADDRESS	4747 N. CHANNEL AVENUE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEBE, JAMES L.	
STREET ADDRESS	4747 N. CHANNEL AVENUE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHMUECKLE, RAINER E	
STREET ADDRESS	4747 NO CHANNEL AVE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHRISTOPHER W PATTERSON	
STREET ADDRESS	4747 N CHANNEL AVENUE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HUBLER, JAMES T.	
STREET ADDRESS	4747 N. CHANNEL AVENUE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GORDON, WILLIAM G.	
STREET ADDRESS	4747 N. CHANNEL AVENUE	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LAMPERT, MARK
4.3 STREET ADDRESS	4747 N. CHANNEL AVENUE
4.4 CITY-ST-ZIP	PORTLAND, OR 97217
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	000002197050
5.4 CITY-ST-ZIP	-06/02/97--01010--009
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ROYSE, DONALD W.
6.3 STREET ADDRESS	4747 N. CHANNEL AVENUE
6.4 CITY-ST-ZIP	PORTLAND, OR 97117

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 (87) 758-8000
Date Daytime Phone #

CR2E034 (9/96)