2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

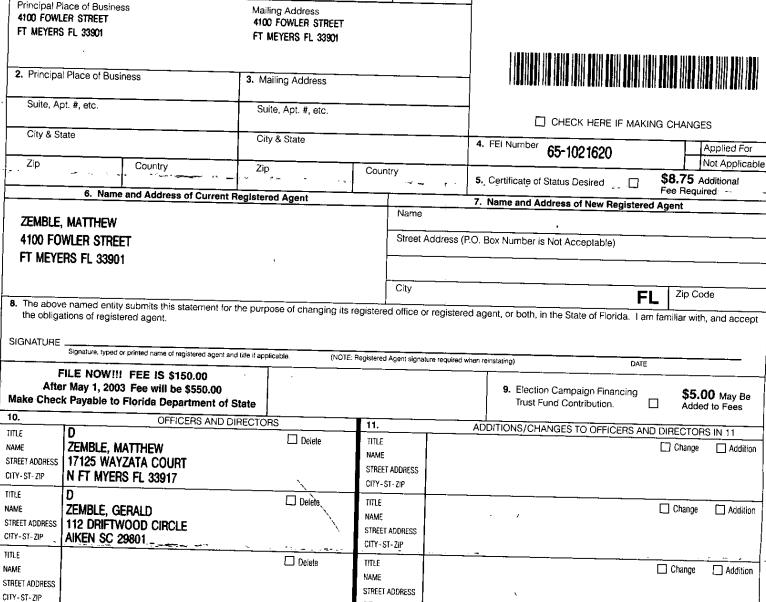
1. Entity TRU-S



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90139 042 ***150.00

Name	99000103330	
HIFT TRANSMISSION, INC.		
Place of Business WLER STREET	Mailing Address	



CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Delete

I hereby certify that the information supplied with this filling 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 10 or Block 11 if

SIGNATURE

TITLE

NAME

STREET ADDRESS

2003 239-939-1600

☐ Change

☐ Addition