

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 566684

Entity Name: COMMERCIAL VEHICLES OF SOUTH FLORIDA INC.**Current Principal Place of Business:**4747 N. CHANNEL AVENUE
MAIL CODE: C3B-LGL
PORTLAND, OR 97217**Current Mailing Address:**4747 N. CHANNEL AVENUE
ATTN: CYNTHIA SCOTT, C3B-LGL
PORTLAND, OR 97217**FEI Number:** 59-1829444**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PCEO
Name	KURSCHNER, STEFAN
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	VP
Name	COOK, JEFF
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	S
Name	TALMADGE, WELLS
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	T
Name	WETTER, FRANK
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	A/T
Name	KURUC, MICHAEL
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

Title	A/T
Name	MUTHAIYAH, RAMASAMI
Address	4747 N. CHANNEL AVENUE
City-State-Zip:	PORTLAND OR 97217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WELLS TALMADGE**SECRETARY****01/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date