

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000167

Entity Name: IC BUS OF ARKANSAS, LLC**Current Principal Place of Business:**2701 NAVISTAR DRIVE
LISLE, IL 60532**Current Mailing Address:**2701 NAVISTAR DRIVE
LISLE, IL 60532 US**FEI Number:** 26-1615697**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title DIRECTOR
Name KIM, DO YOUNG
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title DIRECTOR
Name CARLBAUM, MATHIAS J.
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title SECRETARY
Name CABRERE, ELEANOR P.
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title VP, TAX
Name TAMER, TIMOTHY J
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title SVP, CONTROLLER, TREASURER
Name STRYCKER, SAMARA
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title ASST. TREASURER
Name AIELLO, ANTHONY A.
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

Title ASST. SECRETARY
Name COVINGTON, JAMILA S.
Address 2701 NAVISTAR DRIVE
City-State-Zip: LISLE IL 60532

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CABRERE, ELEANOR P.**SECRETARY****03/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date