

**2022 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 MGR  
Name KIM, DO YOUNG  
Address 2701 NAVISTAR DRIVE  
City-State-Zip: LISLE IL 60532

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

Title PRESIDENT  
Name REED, PATRICIA S  
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:** ELEANOR P. CABRERE**SECRETARY****04/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date