**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 07, 2025**
**Secretary of State**
**6266913751CC**

DOCUMENT# F07000005602

**Entity Name:** STERLING TRUCK CORPORATION

**Current Principal Place of Business:**

4555 N. CHANNEL AVENUE
HQ637B-LGL-GC
PORTLAND, OR 97217

**Current Mailing Address:**

4555 N. CHANNEL AVENUE
HQ637B-LGL-GC
PORTLAND, OR 97217 US

**FEI Number: 91-1833215**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 | DIRECTOR | Title | DIRECTOR |
| Name | O'LEARY, JOHN | Name | KURSCHNER, STEFAN |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC | Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 | City-State-Zip: | PORTLAND OR 97217 |
| Title | DIRECTOR | Title | CHAIRMAN OF THE BOARD |
| Name | BACKEBERG, DREW | Name | O'LEARY, JOHN |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC | Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 | City-State-Zip: | PORTLAND OR 97217 |
| Title | PRESIDENT/CEO | Title | SENIOR VICE PRESIDENT |
| Name | O'LEARY, JOHN | Name | KURSCHNER, STEFAN |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC | Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 | City-State-Zip: | PORTLAND OR 97217 |
| Title | TREASURER | Title | ASSISTANT TREASURER |
| Name | MARQUEZ, ELOISA | Name | KURUC, MICHAEL |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC | Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 | City-State-Zip: | PORTLAND OR 97217 |

**Continues on page 2**

*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: NICHOLE TENNYSON SECRETARY 04/07/2025

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | ASSISTANT TREASURER |
| Name | ARAIZA, LUIS |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 |

| | |
|---|---|
| Title | ASSISTANT TREASURER |
| Name | NAIDOO, KRIBEN |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 |

| | |
|---|---|
| Title | ASST. SECRETARY |
| Name | STEWART, JENNIFER |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 |

| | |
|---|---|
| Title | SECRETARY |
| Name | TENNYSON, NICHOLE |
| Address | 4555 N. CHANNEL AVENUE<br>HQ637B-LGL-GC |
| City-State-Zip: | PORTLAND OR 97217 |