

2023 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F07000005602

Entity Name: STERLING TRUCK CORPORATION**Current Principal Place of Business:**4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT HQ637B-LGL
PORTLAND, OR 97217**Current Mailing Address:**4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT HQ637B-LGL
PORTLAND, OR 97217 US**FEI Number:** 91-1833215**Certificate of Status Desired:** Yes**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, CHAIRMAN, PRESIDENT
AND CHIEF EXECUTIVE OFFICER
Name O'LEARY, JOHN
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title DIRECTOR
Name BACKEBERG, DREW
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title ASST. SECRETARY
Name ZOGRAFI, MARIA
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title ASST. TREASURER
Name KURUC, MICHAEL
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title DIRECTOR, SENIOR VICE PRESIDENT
Name KURSCHNER, STEFAN
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title SECRETARY
Name TENNYSON, NICHOLE
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title TREASURER
Name MARQUEZ, ELOISA
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
City-State-Zip: PORTLAND OR 97217

Title ASST. TREASURER
Name ARAIZA, LUIS
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT
HQ637B-LGL
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****07/28/2023**

Officer/Director Detail Continued :

Title ASSISTANT SECRETARY
Name STEWART, JENNIFER
Address 4555 N. CHANNEL AVENUE
ATTENTION: CYNTHIA SCOTT HQ637B-LGL
City-State-Zip: PORTLAND OR 97217