## 2018 FOREIGN PROFIT CORPORATION 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

Title

SECRETARY

**FILED** Jan 09, 2018

**Secretary of State** 

CC1315498134

Officer/Director Detail:

Title DIRECTOR, CHAIRMAN, PRESIDENT Title DIRECTOR, SENIOR VICE PRESIDENT

AND CHIEF EXECUTIVE OFFICER Name KURSCHNER, STEFAN

NIELSEN, ROGER Name Address 4555 N. CHANNEL AVENUE Address

4555 N. CHANNEL AVENUE ATTENTION: CYNTHIA SCOTT

ATTENTION: CYNTHIA SCOTT HQ637B-LGL

HQ637B-LGL City-State-Zip: PORTLAND OR 97217

City-State-Zip: PORTLAND OR 97217

Title DIRECTOR, VP Name BURTON, BRIAN

Name O'LEARY, JOHN

Address 4555 N. CHANNEL AVENUE Address 4555 N. CHANNEL AVENUE ATTENTION: CYNTHIA SCOTT

ATTENTION: CYNTHIA SCOTT HQ637B-LGL

HQ637B-I GI

PORTLAND OR 97217 City-State-Zip: PORTLAND OR 97217 City-State-Zip:

Title **TREASURER** Title ASSISTANT SECRETARY

SCHNOERRINGER, UWE Name TALMADGE, WELLS Name

Address 4555 N. CHANNEL AVENUE 4555 N. CHANNEL AVENUE Address

ATTENTION: CYNTHIA SCOTT

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HQ637B-LGL City-State-Zip: PORTLAND OR 97217 City-State-Zip: PORTLAND OR 97217

Title ASSISTANT TREASURER Title ASSISTANT TREASURER

ARNAUT, EDUARDO Name Name KURUC, MICHAEL

Address 4555 N. CHANNEL AVENUE Address

4555 N. CHANNEL AVENUE ATTENTION: CYNTHIA SCOTT ATTENTION: CYNTHIA SCOTT

HQ637B-I GI HQ637B-LGL

City-State-Zip: PORTLAND OR 97217 PORTLAND OR 97217 City-State-Zip:

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.

01/09/2018 SIGNATURE: ROGER NIELSEN **CHAIRMAN**