

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000004976

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC5418927381**

**Entity Name:** FREIGHTLINER CUSTOM CHASSIS CORPORATION

**Current Principal Place of Business:**

552 HYATT STREET  
GAFFNEY, SC 29341

**Current Mailing Address:**

4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
PORTLAND, OR 97217

**FEI Number:** 93-1173788

**Certificate of Status Desired:** Yes

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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  
Name DAUM, MARTIN  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title DIRECTOR, PRESIDENT, CEO  
Name HARBIN, ROBERT  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title DIRECTOR  
Name O'LEARY, JOHN  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title VC  
Name NIELSEN, ROGER  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title SECRETARY  
Name BURTON, BRIAN  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title ASST. SECRETARY  
Name TALMADGE, WELLS  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title TREASURER  
Name WETTER, FRANK  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

Title ASST. TREASURER  
Name KURUC, MICHAEL  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217

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*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:** MARTIN DAUM

**DIRECTOR**

**01/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. TREASURER  
Name MUTHAIYAH, RAMASAMI  
Address 4747 N. CHANNEL AVENUE  
ATTN: CYNTHIA SCOTT, C3B-LGL  
City-State-Zip: PORTLAND OR 97217