

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000001884

**Entity Name:** WABASH NATIONAL TRAILER CENTERS, INC.

**Current Principal Place of Business:**

17301 NW SECOND AVE  
MIAMI, FL 33169

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC8716693853**

**Current Mailing Address:**

PO BOX 6129  
ATTEN: TAX DEPT  
LAFAYETTE, IN 47903

**FEI Number: 35-2012484**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT, DIRECTOR  
Name            KLEIN, RICHARD J  
Address        1000 SAGAMORE PKWY S  
City-State-Zip: LAFAYETTE IN 47905

Title            SECRETARY  
Name            ROTH, ERIN J  
Address        1000 SAGAMORE PKWY S  
City-State-Zip: LAFAYETTE IN 47905

Title            VP  
Name            WEBER, MARK J  
Address        1000 SAGAMORE PKWY S  
City-State-Zip: LAFAYETTE IN 47905

Title            DIRECTOR  
Name            GIROMINI, RICHARD J  
Address        1000 SAGAMORE PKWY S  
City-State-Zip: LAFAYETTE IN 47905

Title            TREASURER, DIRECTOR  
Name            TAYLOR, JEFFERY L  
Address        1000 SAGAMORE PKWY S  
City-State-Zip: LAFAYETTE IN 47905

*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: JEFFERY L TAYLOR**

**TREASURER**

**04/28/2015**

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

\_\_\_\_\_  
Date