



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b)(c) is subject to a penalty fee of \$25.00.*

1. ID No. <b>000112325</b>		2. Exact name of the limited liability company <b>Freightliner LLC</b>	
3. State of Formation <b>Delaware</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>Manufacturing of Heavy and Medium Duty Vehicles</b>	
5. Principal office address <b>4747 N. Channel Avenue</b>		City <b>Portland</b>	State <b>OR</b>
			Zip <b>97217</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Cynthia Scott</b>		Contact Title <b>Paralegal</b>	
Street Address <b>4747 N. Channel Avenue, C3B-LGL</b>		City <b>Portland</b>	State <b>OR</b>
			Zip <b>97217</b>
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name <b>Andreas Renschler</b>		Manager Name <b>Chris Patterson</b>	
Street Address <b>4747 N. Channel Avenue, C3B-LGL</b>		Street Address <b>4747 N. Channel Avenue, C3B-LGL</b>	
City <b>Portland</b>	State <b>OR</b>	City <b>Portland</b>	State <b>OR</b>
Zip <b>97217</b>		Zip <b>97217</b>	
Manager Name <b>Bodo Uebber</b>		Manager Name <b>Roger Nielsen</b>	
Street Address <b>4747 N. Channel Avenue, C3B-LGL</b>		Street Address <b>4747 N. Channel Avenue, C3B-LGL</b>	
City <b>Portland</b>	State <b>OR</b>	City <b>Portland</b>	State <b>OR</b>
Zip <b>97217</b>		Zip <b>97217</b>	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11			

RECEIVED  
OFFICE OF THE SECRETARY OF STATE  
CORPORATIONS DIVISION  
JAN 20 2012  
AM 10:07

**FILED**

JAN 20 2012

By: *[Signature]*

*This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).*

**000112325**

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*[Signature]*  
Signature of Authorized Person Date 1-12-12  
**Wells Talmadge**  
Print or Type Name of Authorized Person