



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2013

1. ID No. 000509610

2. Exact Name of the Limited Liability Company Daimler Vans USA LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Commercial Vehicle Distributor.

5. Principal Office Address

No. and Street: 1209 ORANGE STREET

City or Town: WILMINGTON

State: DE

Zip: 19801

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PENNY VONOCZKY Contact Title: TAX ANALYST

No. and Street: ONE MERCEDES DRIVE

City or Town: MONTVALE

State: NJ

Zip: 07645

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CLAUS-CRISTOPH TRITT	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	MICHAEL P. DRIPCHAK	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	ANTHONY P. LA SPADA	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	FRANK WETTER	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	STEPHEN CANNON	ONE MERCEDES DRIVE

		MONTVALE, NJ 07645 USA
MANAGER	GARETH JOYCE	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	RAMASAMI MUTHAIYAH	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA
MANAGER	HARALD HENN	ONE MERCEDES DRIVE MONTVALE, NJ 07645 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 30 Day of September, 2013 at 1:46:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANTHONY P. LA SPADA
Signature of Authorized Person

Form No. 632
Revised 09/07

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