James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

1883

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

DELAWARE

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation 60835 Freightliner Corporation 3. Street Address Principal Business Office 4747 NOTH CHANNEL AVENUE PORTLAND OR 97217 4. Business Phone No. 5. State of Incorporation 6. SIC Code

(503)735-8000 7. Brief Description of the Character of Business Conducted in Rhode Island

SALES OF HEAVY DUTY TRUCK TRACTORS AND RELATED PARTS:

President Name JAMES L. HEBE			Vice President Name MARK LAMPERT		
4747 NORTH CHANNEL AVENUE			4747 NORTH CHANNEL AVENUE		
City	State	Zip	City	State	Zip
PORTLAND	OR	97217	PORTLAND	OR	97217
Secretary Name			Treasurer Name		
JAMES T. HUBLER			KELLEY S. PLATT		
Street Address			Street Address		
4747 NODEL CLANNIEL ASCENTE		AT AT MODELL COMMENTS ASSESSED			

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

4747 NORTH CHANNEL AVENUE City City State

PORTLAND 97217 PORTLAND 97217 OR 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

JAMES L. HEBE MARK LAMPERT Street Address Street Address

4747 NORTH CHANNEL AVENUE 4747 NORTH CHANNEL AVENUE State

PORTLAND 97217 **PORTLAND** OR 97217 Director Name Director Name

JAMES T.HUBLER JOHN M. PANGBORN Street Address Street Address

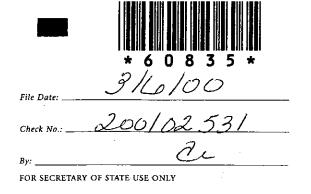
4747 NORTH CHANNEL AVENUE 4747 NORTH CHANNEL AVENUE

PORTLAND OR 97217 **PORTLAND** OR 97217

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMMON \$0.10 1,000 COMMON \$0.10

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

statements contained hefein for true and correct. 3/1/2000

KELLEY S. PLATT Print or Type Name of Officer

TREASURER

Title of Officer