STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
60835	Freightliner Corporation

3. Street Address Principal Business Office	City	State	Zip
4747 NOTH CHANNEL AVENUE	PORTLAND	OR	97217

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(503)735-8000	DELAWARE	1883

7. Brief Description of the Character of Business Conducted in Rhode Island

SALES OF HEAVY DUTY TRUCK TRACTORS AND RELATED PARTS.

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

President Name
JAMES L. HEBE
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Vice President Name
MARK LAMPERT
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Secretary Name
JAMES T. HUBLER
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Treasurer Name
KELLEY S. PLATT
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

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

Director Name
JAMES L. HEBE
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Director Name
MARK LAMPERT
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Director Name
JAMES T.HUBLER
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

Director Name
JOHN M. PANGBORN
Street Address
4747 NORTH CHANNEL AVENUE
City PORTLAND *State* OR *Zip* 97217

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000	COMMON	$0.10

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
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

[redacted]

* 6 0 8 3 5 *

File Date: 3/6/00

Check No.: 200102531

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Kelley S. Platt — 3/1/2000
Signature of Officer *Date*

KELLEY S. PLATT
Print or Type Name of Officer

TREASURER
Title of Officer

Form 630 12/96