



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: 2015

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: 303 PERIMETER CENTER NORTH

SUITE 202

City or Town: ATLANTA

State: GA

Zip: 30346

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	STEPHEN CANNON	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	HARALD HENN	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	GARETH JOYCE	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	BERNHARD GLASER	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA

MANAGER	JUERGEN VOGT	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	EDUARDO ARNAUT	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	RAUL RIVAS	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	MARCO DE SANTO	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 USA
MANAGER	MICHAEL P. DRIPCHAK	303 PERIMETER CENTER NORTH ATLANTA, GA 30346 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 1 Day of September, 2015 at 7:16:34 AM 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 HARALD HENN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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