



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116763		2. Exact name of the limited liability company VFS US LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island FINANCE OF HEAVY DUTY EQUIPMENT & CONSTRUCTION EQUIPMENT			
5. Principal office address 7025 Albert Pick Road, Suite 105			City Greensboro	State North Carolina	Zip 27409
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Barbara Romaine			Contact Title Compliance Specialist		
Street Address 7025 Albert Pick Road, Suite 105			City Greensboro	State North Carolina	Zip -27409
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Martin P. Weissburg			Manager Name Walter Mascherin		
Street Address 7025 Albert Pick Road, Suite 105			Street Address 7025 Albert Pick Road, Suite 105		
City Greensboro	State N.C.	Zip 27409	City Greensboro	State N.C.	Zip 27409
Manager Name Teresa Davidson			Manager Name		
Street Address 7025 Albert Pick Road, Suite 105			Street Address		
City Greensboro	State N.C.	Zip 27409	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*116763\*

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.

File Date 11/10/05  
Check No. 92979  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

[Signature] -09/07/2005  
Signature of Authorized Person Date  
Teresa Davidson  
Print or Type Name of Authorized Person

**VFS US LLC**

**Officers**

**Francine Headlee**

**Assistant Secretary**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Joe Arroyo**

**Chief Financial Officer and Vice President**

Primary Address: 7025 Albert Pick Road, Suite 105  
Greensboro, North Carolina 27409 (United States)

**Teresa Davidson**

**Vice President and Secretary**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Robert Fries**

**Treasurer**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Samuel Martin Keith**

**Vice President**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, NC 27409 (United States)

**Walter Paul Mascherin**

**Vice President**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Patrick James Shannon**

**Vice President**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Brian Joseph Smith**

**Vice President**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Martin P Weissburg**

**President and Chief Executive Officer**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**VFS US LLC**

**Managers**

**Walter Paul Mascherin**

**Manager**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Teresa Davidson**

**Manager**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)

**Martin P Weissburg**

**Manager**

Primary Address: 7025 Albert Pick Road  
Suite 105  
Greensboro, North Carolina 27409 (United States)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02905-1335  
401 222 3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR** 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No <b>116763</b>		2 Exact name of the limited liability company <b>VFS US 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>FINANCE OF HEAVY DUTY EQUIPMENT &amp; CONSTRUCTION EQUIPMENT</b>	
5 Principal office address <b>7025 Albert Pick Rd, Ste. 105</b>		City <b>GREENSBORO</b>	State <b>NC</b>
		Zip <b>27409</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Drane Pennington</b>		Contact Title <b>Compliance Specialist</b>	
Street Address <b>7025 Albert Pick Rd, Ste. 105</b>		City <b>GREENSBORO</b>	State <b>NC</b>
		Zip <b>27409</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>James Ryan</b>		Manager Name <b>Walter Mascherin</b>	
Street Address <b>7025 Albert Pick Rd Ste. 105</b>		Street Address <b>7025 Albert Pick Rd, Ste. 105</b>	
City <b>GREENSBORO</b>	State <b>NC</b>	City <b>GREENSBORO</b>	State <b>NC</b>
Zip <b>27409</b>		Zip <b>27409</b>	
Manager Name <b>Teresa Davidson</b>		Manager Name	
Street Address <b>7025 Albert Pick Rd, Ste. 105</b>		Street Address	
City <b>GREENSBORO</b>	State <b>NC</b>	City	State
Zip <b>27409</b>		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>CT CORPORATION SYSTEM</b>		Address	
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 1 6 7 6 3 \*

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.

**Teresa Davidson** 9/13/2004  
Signature of Authorized Person Date

**Teresa Davidson**  
Print or Type Name of Authorized Person

File Date	<u>9/16/04</u>
Check No.	<u>87923</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State  
 Matthew A. Brown, Secretary of State

Corporations Division  
 100 North Main Street  
 Providence, RI 02903 1335  
 401 222 3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No <b>116763</b>		2 Exact name of the limited liability company <b>VFS US 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>FINANCE OF HEAVY DUTY EQUIPMENT &amp; CONSTRUCTION EQUIPMENT</b>	
5 Principal office address <b>7025 Albert Pick Rd. Ste. 105</b>		City <b>Greensboro</b>	State <b>NC</b>
		Zip <b>27409</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Diane Mandrone</b>		Contact Title <b>Compliance Specialist</b>	
Street Address <b>7025 Albert Pick Rd. Ste. 105</b>		City <b>Greensboro</b>	State <b>NC</b>
		Zip <b>27409</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <b>James R. Ryan</b>		Manager Name <b>Walter P. Mascherin</b>	
Street Address <b>7025 Albert Pick Rd, Ste. 105</b>		Street Address <b>7025 Albert Pick Rd, Ste. 105</b>	
City <b>Greensboro</b>	State <b>NC</b>	City <b>Greensboro</b>	State <b>NC</b>
Zip <b>27409</b>		Zip <b>27409</b>	
Manager Name <b>Teresa D. Davidson</b>		Manager Name	
Street Address <b>7025 Albert Pick Rd, Ste 105</b>		Street Address	
City <b>Greensboro</b>	State <b>NC</b>	City	State
Zip <b>27409</b>		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>CT CORPORATION SYSTEM</b>		Address	
Address <b>10 WEYBOSSET STREET</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 1 6 7 6 3 \*

File Date **9/29/03**

Check No. **84154**

By: **[Signature]**

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

**Teresa D. Davidson**  
 Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 116763		2. Exact name of the limited liability company VFS US LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Financing of heavy duty equipment & construction equipment	
5. Principal office address 7025 Albert Pick Rd, Ste. 105		City Greensboro	State NC
		Zip 27409	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Diane Mardeano		Contact Title Legal Reporting & Compliance Specialist	
Street Address 7025 Albert Pick Rd, Ste. 105		City Greensboro	State NC
		Zip 27409	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name James P. Ryan		* Manager Name Walter P. Mascherin	
Street Address 7025 Albert Pick Rd, Ste. 105		* Street Address 7025 Albert Pick Rd, Ste. 105	
City Greensboro	State NC	City Greensboro	State NC
Zip 27409		Zip 27409	
Manager Name Teresa Davidson		* Manager Name	
Street Address 7025 Albert Pick Rd, Ste. 105		* Street Address	
City Greensboro	State NC	City	State
Zip 27409		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 1 1 6 7 6 3 \*

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.

**FILED**

File Date DEC 16 2002

Check No. 297387

By [Signature]

FOR SECRETARY OF STATE USE ONLY

[Signature] 9/10/02  
Signature of Authorized Person Date

Francine M. Headlee  
Print or Type Name of Authorized Person