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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 99188</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2015</b>                                                                                          |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>                                                                                                      |            | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE 83705 |         |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                      |            | 3. <u>New</u> Registered Agent Signature:*                      |         |             |  |
|                                                                                                                                                        |                  | VOLVO GROUP NORTH AMERICA, LLC<br>ATTN LEGAL DEPT / PHILIP STASKOWSKI<br>7900 NATIONAL SERVICE RD CC2/7<br>GREENSBORO NC 27409 |            |                                                                 |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                  |                                                                                                                                |            |                                                                 |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                           | City       | State                                                           | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | THERENCE PICKETT | 7900 NATIONAL SERVICE RD CC2/7                                                                                                 | GREENSBORO | NC                                                              | USA     | 27409       |  |
| MEMBER                                                                                                                                                 | KEN TROLLE       | 7900 NATIONAL SERVICE RD CC2/7                                                                                                 | GREENSBORO | NC                                                              | USA     | 27409       |  |
| MEMBER                                                                                                                                                 | DENNIS SLAGLE    | 7900 NATIONAL SERVICE RD CC2/7                                                                                                 | GREENSBORO | NC                                                              | USA     | 27409       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                              |            |                                                                 |         |             |  |
| <b>DE<br/>W 99188</b>                                                                                                                                  |                  | Signature: Philip Staskowski                                                                                                   |            | Date: 01/13/2015                                                |         |             |  |
|                                                                                                                                                        |                  | Name (type or print): Philip Staskowski                                                                                        |            | Title: Attorney-in-Fact                                         |         |             |  |
| Processed 01/13/2015                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                      |            |                                                                 |         |             |  |