

1.) CORPORATION NAME:

Navistar Leasing Services Corporation

DUE DATE: **3/31/2012**

SCC ID NO: **F0181778**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 425 N MARTINGALE ROAD

CITY/ST/ZIP: SCHAUMBURG, IL 60173-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DAVID J JOHANNESON
TITLE: PRESIDENT
ADDRESS: 425 N MARTINGALE RD
CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-

OFFICER

DIRECTOR

NAME: DAVID L. DERFELT
TITLE: VICE PRESIDENT
ADDRESS: 425 N. MARTINGALE ROAD
CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-

OFFICER

DIRECTOR

NAME: TINA M. FINNBERG
TITLE: VICE PRESIDENT
ADDRESS: 425 N. MARTINGALE ROAD
CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-

OFFICER

DIRECTOR

NAME: CAROL W GARNANT
TITLE: VP/TAX
ADDRESS: 4201 WINFIELD RD
CITY/ST/ZIP/CO: WARRENVILLE, IL 60555-

OFFICER

DIRECTOR

NAME: KRISTIN L MORAN
TITLE: VP GC/S
ADDRESS: 425 N MARTINGALE ROAD
CITY/ST/ZIP/CO: SCHAUMBURG, IL 60173-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CURT A. KRAMER ASST SECRETARY 4201 WINFIELD ROAD WARRENVILLE, IL 60555-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM V MCMENAMIN VP/CFO/T 425 N MARTINGALE ROAD SCHAUMBURG, IL 60173-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA A. BRAULT VICE PRESIDENT 425 N. MARTINGALE ROAD SCHAUMBURG, IL 60173-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY ELLEN KUMMER VICE PRESIDENT 425 N. MARTINGALE ROAD SCHAUMBURG, IL 60173-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ CURT A. KRAMER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CURT A. KRAMER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	2/8/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.