

1.) CORPORATION NAME:

**Daimler Buses North America Inc.**

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**

DUE DATE: **10/31/2011**

SCC ID NO: **F1231770**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 165 BASE RD

CITY/ST/ZIP: ORISKANY, NY 13424-

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: CHRISTOPHER L CRASSWELLER  OFFICER  DIRECTOR  
 TITLE: SECRETARY  
 ADDRESS: 350 HAZELHURST RD  
 CITY/ST/ZIP/CO: MISSISSAUGA, ONTARIO, -

NAME: DOUGLAS H HEUMAN  OFFICER  DIRECTOR  
 TITLE: DIRECTOR FIN  
 ADDRESS: 350 HAZELHURST ROAD  
 CITY/ST/ZIP/CO: MISSISSAUGA, ONTARIO, -

NAME: HARRY RENDEL  OFFICER  DIRECTOR  
 TITLE: CFO  
 ADDRESS: 350 HAZELHURST RD  
 CITY/ST/ZIP/CO: MISSISSAUGA, ONTARIO, -

NAME: PATRICK SCULLY  OFFICER  DIRECTOR  
 TITLE: CCO  
 ADDRESS: 6012 B HIGH POINT ROAD  
 CITY/ST/ZIP/CO: GREENSBORO, NC 27407-

NAME: RICHARD O FERGUSON  OFFICER  DIRECTOR  
 TITLE: PRES/CEO  
 ADDRESS: 6012-B HIGH POINT ROAD  
 CITY/ST/ZIP/CO: GREENSBORO, NC 27407-

NAME: STEFFEN HOFFMANN TITLE: DIRECTOR ADDRESS: VAHINGER STRASSE 131 CITY/ST/ZIP/CO: STUTTGART, 70567-, GERMANY	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARTIN FRANK WALZ TITLE: COO ADDRESS: 165 BASE ROAD CITY/ST/ZIP/CO: ORISKANY, NY 13424-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ARMIN BARTH TITLE: DIR, OPERATIONS ADDRESS: 165 BASE ROAD CITY/ST/ZIP/CO: ORISKANY, NY 13424-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FRANK A WETTER TITLE: TREASURER ADDRESS: ONE MERCEDES DRIVE CITY/ST/ZIP/CO: MONTVALE, NJ 07645-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: RAMASAMI MUTHAIYAH TITLE: ASST TREASURER ADDRESS: ONE MERCEDES DRIVE CITY/ST/ZIP/CO: MONTVALE, NJ 07645-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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/ DOUGLAS H HEUMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS H HEUMAN, DIRECTOR FIN PRINTED NAME AND CORPORATE TITLE
9/13/2011 DATE	
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.	