


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90049 043 ***150.00

DOCUMENT # F05000004159					
1. Entity Name GEHL FINANCE, INC.					
Principal Place of Business 143 WATER STREET WEST BEND, WI 53095		Mailing Address 143 WATER STREET WEST BEND, WI 53095			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 39-0300430	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CEOD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEHL, WILLIAM D		NAME	See Attached	
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
TITLE	PCOO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, MALCOLM F		NAME		
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEUCHT, KENNETH H		NAME		
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEYES, DANIEL M		NAME		
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULCAHY, MICHAEL J		NAME		
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RETTLER, THOMAS M		NAME		
STREET ADDRESS	143 WATER STREET		STREET ADDRESS		
CITY-ST-ZIP	WEST BEND, WI 53095		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: _____			(262) 334-6641		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Michael J. Mulcahy			<small>Date Daytime Phone #</small>		
Vice President, Secretary & General Counsel					

ATTACHMENT

40018308

STATE OF FLORIDA 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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11. Additions/Changes to Officers and Directors		
Title	Vice President, Manufacturing Operations (V)	<input type="checkbox"/> Change
Name	Daniel L. Miller	
Street Address	143 Water Street	<input checked="" type="checkbox"/> Addition
City-ST-Zip	West Bend, WI 53095	
Title	Treasurer (T)	<input type="checkbox"/> Change
Name	James J. Monnat	
Street Address	143 Water Street	<input checked="" type="checkbox"/> Addition
City-ST-Zip	West Bend, WI 53095	
Title	Director (D)	<input type="checkbox"/> Change
Name	Nicholas C. Babson	
Street Address	980 N. Michigan Avenue, Suite 1400	<input checked="" type="checkbox"/> Addition
City-ST-Zip	Chicago, IL 60611-4501	
Title	Director (D)	<input type="checkbox"/> Change
Name	Thomas J. Boldt	
Street Address	2525 N. Roemer Road	<input checked="" type="checkbox"/> Addition
City-ST-Zip	Appleton, WI 54911	
Title	Director (D)	<input type="checkbox"/> Change
Name	Marcel-Claude Braud	
Street Address	Z430 Route de l'Aubiniere, BP 249	<input checked="" type="checkbox"/> Addition
City-ST-Zip	F-44158 Ancenis cedex, France	
Title	Director (D)	<input type="checkbox"/> Change
Name	John T. Byrnes	
Street Address	411 East Wisconsin Avenue, Suite 1280	<input checked="" type="checkbox"/> Addition
City-ST-Zip	Milwaukee, WI 53202	
Title	Director (D)	<input type="checkbox"/> Change
Name	Richard J. Fotsch	
Street Address	444 Highland Drive, Mail Stop 016	<input checked="" type="checkbox"/> Addition
City-ST-Zip	Kohler, WI 53044	
Title	Director (D)	<input type="checkbox"/> Change
Name	John V. Splude	
Street Address	2855 S. James Drive	<input checked="" type="checkbox"/> Addition
City-ST-Zip	New Berlin, WI 53151	
Title	Director (D)	<input type="checkbox"/> Change
Name	Dr. Hermann Viets	
Street Address	1025 N. Broadway	<input checked="" type="checkbox"/> Addition
City-ST-Zip	Milwaukee, WI 53202-3109	