



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90186 050 ***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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 39-0300430		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO GEHL, WILLIAM D 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MOORE, MALCOLM F 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEUCHT, KENNETH H 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEYES, DANIEL M 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MULCAHY, MICHAEL J 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RETTLER, THOMAS M 143 WATER STREET WEST BEND, WI 53095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/16/07 (262) 334-6641	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

Vice President, Secretary & General Counsel
 Michael J. Mulcahy

ATTACHMENT

40085401

FD5000004159

STATE OF FLORIDA 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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	Bruce D. Hertzke	
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	Thomas J. Boldt	
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	Marcel-Claude Braud	
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	John T. Bynes	
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	Richard J. Fotsch	
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	John V. Splude	
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	Dr. Hermann Viets	
Street Address	143 Water Street	<input checked="" type="checkbox"/> Addition
City-ST-Zip	West Bend, WI 53095	