


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90002 035 \*\*\*550.00

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # F07000005144  |   |   |   |
| 1. Entity Name<br>FLEETWOOD TRAVEL TRAILERS OF OREGON INC.   |   |  |   |
| Principal Place of Business<br>4640 NW MCKENNON ROAD<br>PENDLETON, OR 97801  |   | Mailing Address<br>4640 NW MCKENNON ROAD<br>PENDLETON, OR 97801  |   |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address<br>P.O. BOX 7638  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.<br>ATTN: TAX DEPT  |   |
| City & State   |   | City & State<br>RIVERSIDE, CA  |   |
| Zip  |   | Zip<br>92513-7638  |   |
| Country  |   | Country  |   |
| 4. FEI Number<br>93-0572091  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | CP<br>SMITH, ELDEN L<br>3125 MYERS ST<br>RIVERSIDE, CA 92503 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VCVP<br>PLOWMAN, BOYD R<br>3125 MYERS ST<br>RIVERSIDE, CA 92503 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DSVP<br>MCGILL, LEONARD J<br>3125 MYERS ST<br>RIVERSIDE, CA 92503 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | T<br>LARKIN, LYLE N<br>3125 MYERS STREET<br>RIVERSIDE, CA 92503 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>LYLE N. LARKIN, VP-TREASURER</u>   |   | 951-351-3572   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>  |   |

ATTACHMENT

60046816  
# F07 600005144

FLEETWOOD TRAVEL TRAILERS OF OREGON, INC.  
OFFICERS AND DIRECTORS OF  
FLEETWOOD RV SUBSIDIARIES

Elden L. Smith  
Boyd R. Plowman

Paul C. Eskritt  
Leonard J. McGill

Lyle N. Larkin

President & Chief Executive Officer  
Executive Vice President & Chief  
Financial Officer and Assistant Secretary  
Executive Vice President  
Sr. Vice President - General Counsel  
and Secretary  
Vice President - Treasurer and Asst. Secretary

DIRECTORS:

Elden L. Smith  
Boyd R. Plowman  
Leonard J. McGill  
Lyle N. Larkin

ALL CORRESPONDENCE DIRECTED TO ANY OF THE  
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638  
RIVERSIDE, CA 92513-7638

1/4/07