

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03924 (8)**

1. Corporation Name
CUMMINS DIESEL SALES CORPORATION



Principal Place of Business: 500 JACKSON STREET BOX 3005, M/C 60113 COLUMBUS IN 47201-6258
Mailing Address: 500 JACKSON STREET BOX 3005, M/C 60113 COLUMBUS IN 47201-6258

3. Date Incorporated or Qualified: 11/02/1984
3a. Date of Last Report: 03/30/1995
4. FEI Number: 35-0816526
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Subj., Apt. #, etc. 22 City & State 23 Zip County 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
10. Name and Address of New Registered Agent: 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____ (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNIO, R. J.	12 NAME	
STREET ADDRESS	500 JACKSON ST	13 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS IN	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEALY, R L	22 NAME	
STREET ADDRESS	500 JACKSON ST	23 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS IN	24 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSTLE, M.R.	32 NAME	
STREET ADDRESS	500 JACKSON ST	33 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS IN	34 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, S.L.	42 NAME	
STREET ADDRESS	500 JACKSON ST	43 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS IN	44 CITY-STATE-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLSO, T. M.	52 NAME	
STREET ADDRESS	500 JACKSON ST	53 STREET ADDRESS	
CITY-STATE-ZIP	COLUMBUS IN	54 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-ZIP		64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert L. Fealy* Robert L. Fealy 3/6/96 812 377-1438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E084 (12/95)

Q:CDSOFF

**CUMMINS DIESEL SALES CORPORATION
OFFICERS AND DIRECTORS**

DIRECTORS:

K. M. Patel
VACANCY
M. R. Gerstle

ADDRESS

500 Jackson Street, Columbus, IN 47201
500 Jackson Street, Columbus, IN 47201
500 Jackson Street, Columbus, IN 47201

OFFICERS:

T. M. Solso
VACANCY
M.R. Gerstle
R. J. Bunio

TITLE

President
V.P. - Treasurer
Secretary
V.P.

ADDRESS

500 Jackson Street, Columbus, IN 47201
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