

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P03924 (8)**

1. Corporation Name:  
**CUMMINS DIESEL SALES CORPORATION**



Principal Place of Business <b>500 JACKSON STREET BOX 3005, M/C 60113 COLUMBUS IN 47201-6258</b>	Mailing Address <b>500 JACKSON STREET BOX 3005, M/C 60113 COLUMBUS IN 47201-6258</b>
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

3. Date Incorporated or Qualified <b>11/02/1984</b>	3a. Date of Last Report <b>03/12/1996</b>
4. FEI Number <b>35-0816526</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BUNIO, R. J.</b>		1.2 NAME <b>C. R. Cordaro</b>	
STREET ADDRESS <b>500 JACKSON ST</b>		1.3 STREET ADDRESS <b>500 Jackson St</b>	
CITY-ST-ZIP <b>COLUMBUS IN</b>		1.4 CITY-ST-ZIP <b>Columbus, IN 47201</b>	
TITLE <b>VPT</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FEALY, R L</b>		2.2 NAME <b>F. J. Reindl</b>	
STREET ADDRESS <b>500 JACKSON ST</b>		2.3 STREET ADDRESS <b>500 Jackson St</b>	
CITY-ST-ZIP <b>COLUMBUS IN</b>		2.4 CITY-ST-ZIP <b>Columbus, IN 47201</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GERSTLE, M.R.</b>		3.2 NAME	
STREET ADDRESS <b>500 JACKSON ST</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>COLUMBUS IN</b>		3.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SOLSO, T. M.</b>		4.2 NAME	
STREET ADDRESS <b>500 JACKSON ST</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>COLUMBUS IN</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mark R. Gerstle **Mark R. Gerstle** 1/21/97 812 377-1438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

**CUMMINS DIESEL SALES CORPORATION  
OFFICERS AND DIRECTORS**

**DIRECTORS:**

**ADDRESS**

C. R. Cordaro	500 Jackson Street, Columbus, IN 47201
VACANCY	500 Jackson Street, Columbus, IN 47201
M. R. Gerstle	500 Jackson Street, Columbus, IN 47201

**OFFICERS:**

**TITLE**

**ADDRESS**

C. R. Cordaro	President	500 Jackson Street, Columbus, IN 47201
VACANCY	V.P. - Treasurer	500 Jackson Street, Columbus, IN 47201
M.R. Gerstle	Secretary	500 Jackson Street, Columbus, IN 47201
F.J. Reindl	V.P.	500 Jackson Street, Columbus, IN 47201