

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90057 037 ***150.00

PROEIT
 CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P03924**

1. Corporation Name
CUMMINS DIESEL SALES CORPORATION



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1984

4. FEI Number **35-0816526** Applied For Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C.R. CORDARO	1.2 NAME	
STREET ADDRESS	500 JACKSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS IN	1.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAPP, DONALD W	2.2 NAME	
STREET ADDRESS	500 JACKSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS IN 47201	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINDL, F J	3.2 NAME	
STREET ADDRESS	500 JACKSON ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS IN 47201	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D MARK GERSTLE
STREET ADDRESS		4.3 STREET ADDRESS	500 JACKSON ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	COLUMBUS IN 47201
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	S P. L. CARTER
STREET ADDRESS		5.3 STREET ADDRESS	500 JACKSON ST
CITY-ST-ZIP		5.4 CITY-ST-ZIP	COLUMBUS IN 47201
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 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **W. TRAPP**

Date **1/13/99**

Daytime Phone # **812 377-1438**

CR2E034 (1/1/98)

247710-90057-37
P03924

**CUMMINS DIESEL SALES CORPORATION
OFFICERS AND DIRECTORS**

DIRECTORS:

C. R. Cordaro
D. W. Trapp
M. R. Gerstle

ADDRESS

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

OFFICERS:

TITLE

ADDRESS

C. R. Cordaro
D. W. Trapp
P. L. Carter
F.J. Reindl
G. Sinclair

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

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