

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163860

FILED
Apr 19, 2007
Secretary of State

Entity Name: KNAPHEIDE TRUCK EQUIPMENT COMPANY SOUTHEAST

Current Principal Place of Business:

1848 WESTPHALIA STRASSE
P.O. BOX 7140
QUINCY, IL 62305 US

New Principal Place of Business:

1848 WESTPHALIA STRASSE
QUINCY, IL 62305 US

Current Mailing Address:

1848 WESTPHALIA STRASSE
P.O. BOX 7140
QUINCY, IL 62305 US

New Mailing Address:

FEI Number: 20-2020601 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLICK, LLOYD H
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

Title: VP () Delete
Name: KNAPHEIDE, HAROLD W IV
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

Title: S () Delete
Name: OVERHOLSER, ROBERT
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

Title: T () Delete
Name: MOONEY, JAMES R
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

Title: BOD () Delete
Name: KNAPHEIDE, HAROLD W III
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

Title: BOD () Delete
Name: KNAPHEIDE, HAROLD W IV
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT OVERHOLSER

S

04/19/2007

Electronic Signature of Signing Officer or Director

_____ Date