

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000163860

FILED
Apr 20, 2012
Secretary of State

Entity Name: KNAPHEIDE TRUCK EQUIPMENT COMPANY SOUTHEAST

Current Principal Place of Business:

1848 WESTPHALIA STRASSE
QUINCY, IL 62305 US

New Principal Place of Business:

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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: VP
Name: HARRIS, JAMES H
Address: 1848 WESTPHALIA STRASSE
City-St-Zip: QUINCY, IL 62305 US

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT OVERHOLSER

SEC

04/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date