

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

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PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P31731** (3)
1. Corporation Name
FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.



Principal Place of Business 3125 MYERS STREET RIVERSIDE CA 92503-5527	Mailing Address 3125 MYERS ST. PO BOX 7638 ATTN: TAX DEPT RIVERSIDE CA 92531-7638 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/09/1990	3a. Date of Last Report 05/01/1995
4. FEI Number 52-0892953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" 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	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 his or her title, if applicable) (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	CREAN, JOHN C.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	VC <input checked="" type="checkbox"/> DELETE
NAME	WEIDE, WILLIAM W.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SKINNER, DALE T.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	PD <input type="checkbox"/> DELETE
NAME	KUMMER, GLENN F.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	VAS <input type="checkbox"/> DELETE
NAME	BINGHAM, PAUL M.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA
TITLE	V <input type="checkbox"/> DELETE
NAME	NORD, JON A.
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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:  **Lyle Larkin-Treasurer** 4/27/96 (909) 351-3797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)

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FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.

Officers and Directors

JOHN C. CREAN	CHAIRMAN OF THE BOARD AND CHIEF EXECUTIVE OFFICER AND DIRECTOR
GLENN F. KUMMER	PRESIDENT, CHIEF OPERATING OFFICER AND DIRECTOR
PAUL M. BINGHAM	FINANCIAL VICE PRESIDENT & ASST. SECY. AND DIRECTOR
JON A. NORD	SENIOR VICE PRESIDENT - HOUSING GROUP
ELDEN L. SMITH	SENIOR VICE PRESIDENT - RV GROUP
LAWRENCE F. PITTROFF	SENIOR VICE PRESIDENT
WILLIAM H. LEAR	VICE PRESIDENT - GENERAL COUNSEL AND SECRETARY AND DIRECTOR
ROBERT W. GRAHAM	VICE PRESIDENT - ADMINISTRATION AND HUMAN RESOURCES
JERRY L. HEWITT	VICE PRESIDENT - QUALITY
LARRY J. HUGHES	VICE PRESIDENT - TRAVEL TRAILER DIVISION
LYLE N. LARKIN	TREASURER AND ASSISTANT SECRETARY

ALL CORRESPONDENCE TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P.O. BOX 7638
RIVERSIDE, CA 92513-7638