

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

**FILED**

**Apr 29 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 # P31731 (3)**  
 1. Corporation Name  
**FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.**



Principal Place of Business <b>3125 MYERS STREET RIVERSIDE CA 92503-5527</b>		Mailing Address <b>3125 MYERS ST. PO BOX 7638 ATTN: TAX DEPT RIVERSIDE CA 92503-5527 US</b>		3. Date Incorporated or Qualified <b>11/09/1990</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>52-0892953</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite Apt #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		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>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CREAN, JOHN C.</b>	1.2 NAME	
STREET ADDRESS	<b>3125 MYERS ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERSIDE CA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>VC</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIDE, WILLIAM W.</b>	2.2 NAME	
STREET ADDRESS	<b>3125 MYERS ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERSIDE CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUMMER, GLENN F.</b>	3.2 NAME	
STREET ADDRESS	<b>3125 MYERS ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERSIDE CA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BINGHAM, PAUL M.</b>	4.2 NAME	
STREET ADDRESS	<b>3125 MYERS ST</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERSIDE CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORD, JON A.</b>	5.2 NAME	
STREET ADDRESS	<b>3125 MYERS ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIVERSIDE CA</b>	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:** \_\_\_\_\_ **4/17/97** (909) 251-3797  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

FLEETWOOD TRAVEL TRAILERS OF MARYLAND, INC.  
OFFICERS AND DIRECTORS OF  
TRAVEL TRAILERS SUBSIDIARIES OF  
FLEETWOOD ENTERPRISES, INC.

John C. Crean	Chairman of the Board and Chief Executive Officer
Glenn F. Kummer	President, Chief Operating Officer and Director
Paul M. Bingham	Financial Vice President and Assistant Secretary and Director
Jon A. Nord	Senior Vice President - Housing Group
Elden L. Smith	Senior Vice President - RV Group
William H. Lear	Vice President - General Counsel and Secretary and Director
Robert W. Graham	Vice President - Administration and Human Resources
Larry J. Hughes	Vice President - Travel Trailer Division
Lyle N. Larkin	Treasurer and Asst. Secretary
Jerry L. Hewitt	Vice President - Quality

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

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

5/31/96