

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000163860

**Entity Name:** KNAPHEIDE TRUCK EQUIPMENT COMPANY SOUTHEAST

**Current Principal Place of Business:**

1848 WESTPHALIA STRASSE  
QUINCY, IL 62305

**Current Mailing Address:**

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

**FEI Number:** 20-2020601

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

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

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

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

Title BOD, CHAIRMAN  
Name KNAPHEIDE, HAROLD WIII  
Address 1848 WESTPHALIA STRASSE  
City-State-Zip: QUINCY IL 62305

Title BOD, VP  
Name KNAPHEIDE, HAROLD WIV  
Address 1848 WESTPHALIA STRASSE  
City-State-Zip: QUINCY IL 62305

*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**

**SECRETARY**

**03/22/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date