#### 2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23896

Entity Name: CUMMINS INC.

Apr 06, 2016 **Secretary of State** CC6068618607

**FILED** 

# **Current Principal Place of Business:**

500 JACKSON STREET COLUMBUS. IN 47201-6258

# **Current Mailing Address:**

**500 JACKSON STREET** 

COLUMBUS. IN 47201-6258 US

FEI Number: 35-0257090 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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	CEO, CHAIRMAN, DIRECTOR	Title	DIRECTOR
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LINEBARGER, THOMAS N Name Name HERMAN, ALEXIS M Address Address 500 JACKSON ST 500 JACKSON ST COLUMBUS IN 47201 COLUMBUS IN 47201 City-State-Zip: City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name NELSON, GEORGIA R MILLER, WILLIAM I Name Address **500 JACKSON STREET** Address 500 JACKSON STREET COLUMBUS IN 47201-6258 City-State-Zip: City-State-Zip: COLUMBUS IN 47201

Title DIRECTOR Title **DIRECTOR** 

Name DOBBS, STEPHEN B Name CHANG DIAZ. FRANKLIN R Address 500 JACKSON STREET **500 JACKSON STREET** Address City-State-Zip: COLUMBUS IN 47201-6258

COLUMBUS IN 47201-6258 City-State-Zip:

Title CORPORATE SECRETARY Title VP. CFO

Name SIFFERLEN, MARK WARD, PATRICK J Name 500 JACKSON STREET Address **500 JACKSON STREET** Address

City-State-Zip: COLUMBUS IN 47201-6258 COLUMBUS IN 47201-6258 City-State-Zip:

#### Continues on page 2

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: MARK SIFFERLEN

CORPORATE SECRETAR

04/06/2016

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name LYNCH, THOMAS J. Name DI LEO, BRUNO V.

Address 500 JACKSON STREET Address 500 JACKSON STREET

City-State-Zip: COLUMBUS IN 47201-6258 City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR Title DIRECTOR

NameHERDMAN, ROBERT K.NameBERNHARD, ROBERT J.Address500 JACKSON STREETAddress500 JACKSON STREET

City-State-Zip: COLUMBUS IN 47201-6258 City-State-Zip: COLUMBUS IN 47201-6258