

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23896

Entity Name: CUMMINS INC.

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
Name LINEBARGER, THOMAS N
Address 500 JACKSON ST
City-State-Zip: COLUMBUS IN 47201

Title DIRECTOR
Name HERMAN, ALEXIS M
Address 500 JACKSON ST
City-State-Zip: COLUMBUS IN 47201

Title DIRECTOR
Name MILLER, WILLIAM I
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201

Title DIRECTOR
Name NELSON, GEORGIA R
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR
Name CHANG DIAZ, FRANKLIN R
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR
Name DOBBS, STEPHEN B
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title VP, CFO
Name WARD, PATRICK J
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title CORPORATE SECRETARY
Name SIFFERLEN, MARK
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

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
SECRETARY

04/04/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LYNCH, THOMAS J.
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR
Name HERDMAN, ROBERT K.
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR
Name DI LEO, BRUNO V.
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258

Title DIRECTOR
Name BERNHARD, ROBERT J.
Address 500 JACKSON STREET
City-State-Zip: COLUMBUS IN 47201-6258