

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90019 017 ***150.00

DOCUMENT # 813809

1. Entity Name

SKYLINE CORPORATION

Principal Place of Business

Mailing Address

**2520 BY-PASS ROAD
 ELKHART INDIANA 46514**

**2520 BY-PASS ROAD
 ELKHART INDIANA 46514**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1038277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLAND, RONALD
 3030 S.W. SILVER SPRINGS BLVD.
 OCALA FL 32675**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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



Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENNA, ANDREW J	
STREET ADDRESS	8338 N. AUSTIN AVE.	
CITY-ST-ZIP	MORTON GROVE IL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KLOSKA, RONALD F	
STREET ADDRESS	2520 BY PASS ROAD	
CITY-ST-ZIP	ELKHART IN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MURSCHEL, WILLIAM	
STREET ADDRESS	2520 BY PASS RD	
CITY-ST-ZIP	ELKHART IN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DECIO, ARTHUR J (CHRM)	
STREET ADDRESS	2520 BY-PASS RD	
CITY-ST-ZIP	ELKHART, IN 0	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWSON, WILLIAM H.	
STREET ADDRESS	14915 POWDER HORN RD.	
CITY-ST-ZIP	FORT WAYNE IN	
TITLE	VT	<input type="checkbox"/> Delete
NAME	WEIGAND, JAMES R	
STREET ADDRESS	2520 BY-PASS RD	
CITY-ST-ZIP	ELKHART IN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda R. Philippsen* Linda R. Philippsen 4-26-00 219-294-6521
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR 014-19811