

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90120 045 ***150.00

DOCUMENT # 813809

1. Entity Name
SKYLINE CORPORATION

Principal Place of Business 2520 BY-PASS ROAD ELKHART INDIANA 46514	Mailing Address 2520 BY-PASS ROAD ELKHART INDIANA 46514
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DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKENNA, ANDREW J 8338 N. AUSTIN AVE. MORTON GROVE IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KLOSKA, RONALD F 2520 BY PASS ROAD ELKHART IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURSCHEL, WILLIAM 2520 BY PASS RD ELKHART IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DECIO, ARTHUR J (CHRM) 2520 BY-PASS RD ELKHART, IN 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWSON, WILLIAM H. 14915 POWDER HORN RD. FORT WAYNE IN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WEIGAND, JAMES R 2520 BY-PASS RD ELKHART IN

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James Weigand* **James Weigand** **3/27/01** **219-294-6521**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)