

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91137 031 \*\*\*150.00

**DOCUMENT # 813809**

1. Entity Name  
**SKYLINE CORPORATION**

Principal Place of Business <b>2520 BY-PASS ROAD ELKHART IN 46514</b>	Mailing Address <b>2520 BY-PASS ROAD ELKHART IN 46514</b>
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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  **\$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 \_\_\_\_\_ 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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MCKENNA, ANDREW J</b> <b>8338 N. AUSTIN AVE.</b> <b>MORTON GROVE IL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D-CEO</b> <b>Deranek, Thomas G.</b> <b>2520 By Pass Road</b> <b>Elkhart, IN 46514</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>KLOSKA, RONALD F</b> <b>2520 BY PASS ROAD</b> <b>ELKHART IN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>MURSCHER, WILLIAM</b> <b>2520 BY PASS RD</b> <b>ELKHART IN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Hammes, Jerry</b> <b>2015 W. Western Ave., Suite 119</b> <b>South Bend, IN 46629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DECIO, ARTHUR J (CHRM)</b> <b>2520 BY-PASS RD</b> <b>ELKHART, IN 0</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Link, David T.</b> <b>9292West KL Avenue</b> <b>Kalamazoo, MI 49009-9398</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAWSON, WILLIAM H.</b> <b>14915 POWDER HORN RD.</b> <b>FORT WAYNE IN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Swikert, Dale</b> <b>5 Queen Victoria Court</b> <b>Nampa, ID 83687</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>WEIGAND, JAMES R</b> <b>2520 BY-PASS RD</b> <b>ELKHART IN</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Thompson, Samuel S.</b> <b>121 West Franklin St.; Suite 200</b> <b>Elkhart, IN 46514</b>

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 R. Weigand* **James R. Weigand** **4/29/02** **574-294-6521**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)