


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90028 035 \*\*\*150.00

**DOCUMENT # 813809**

1. Entity Name  
**SKYLINE CORPORATION**



Principal Place of Business  
**2520 BY-PASS ROAD  
 ELKHART, IN 46514**

Mailing Address  
**2520 BY-PASS ROAD  
 ELKHART, IN 46514**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

**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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENNA, ANDREW J	
STREET ADDRESS	8338 N. AUSTIN AVE.	
CITY-ST-ZIP	MORTON GROVE, IL	

TITLE	D	<input type="checkbox"/> Delete
NAME	KLOSKA, RONALD F	
STREET ADDRESS	2520 BY PASS ROAD	
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	

40110010



07072008 Chg-P CR2E034 (12/06)

4. FEI Number  
**35-1038277**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		

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 checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martin Framsted*

7/9/08

(574) 294-6521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# ATTACHMENT

40110616  
# 813809

SKYLINE CORPORATION

## OFFICERS AND DIRECTORS

As of June 1, 2008

<u>Name</u>	<u>Address</u>	<u>Title</u>
Thomas G. Deranek	2520 By-Pass Road, Elkhart, IN 46514	Vice Chairman and CEO
Jon S. Pilariski	2520 By-Pass Road, Elkhart, IN 46514	Vice President, Finance & Treasurer, CFO
Terrence M. Decio	2520 By-Pass Road, Elkhart, IN 46514	Vice President, Marketing & Sales
Charles W. Chambliss	2520 By-Pass Road, Elkhart, IN 46514	Vice President, Product Develop. & Engineering
Christopher R. Leader	2520 By-Pass Road, Elkhart, IN 46514	Vice President, Operations
Bruce G. Page	2520 By-Pass Road, Elkhart, IN 46514	Vice President, Operations
Martin R. Fransted	2520 By-Pass Road, Elkhart, IN 46514	Corporate Controller & Secretary
Samuel S. Thompson	2520 By-Pass Road, Elkhart, IN 46514	General Counsel
Arthur J. Decio	2520 By-Pass Road, Elkhart, IN 46514	Director, Chairman
Ronald F. Kloska	2520 By-Pass Road, Elkhart, IN 46514	Director
John Firth	2520 By-Pass Road, Elkhart, IN 46514	Director
Jerry Hammes	2520 By-Pass Road, Elkhart, IN 46514	Director
William H. Lawson	2520 By-Pass Road, Elkhart, IN 46514	Director
David T. Link	2520 By-Pass Road, Elkhart, IN 46514	Director
Andrew J. McKenna	2520 By-Pass Road, Elkhart, IN 46514	Director