

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 025 ***150.00

UBR 4-02599900

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
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State

City & State

Zip Country

Zip Country

4. FEI Number **35-1038277**

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

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	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	

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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **1-21-03 574-294-6521**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)