2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 830544

Entity Name: CUMMINS-ALLISON CORP.

Current Principal Place of Business:

CUMMINS ALLISON CORP ATTN:TAX DEPT.
852 FEEHANVILLE DR
MOUNT PROSPECT, IL 60056

New Principal Place of Business:

Current Mailing Address:

CUMMINS ALLISON CORP ATTN:TAX DEPT.
852 FEEHANVILLE DR
MOUNT PROSPECT, IL 60056

New Mailing Address:

FEI Number: 35-0145140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: JONES, WILLIAM J
Address: 852 FEEHANVILLE DR
City-St-Zip: MT PROSPECT, IL

Title: D ( ) Delete
Name: JONES, JOHN E
Address: 800 WAUKEGAN RD
City-St-Zip: GLENVIEW, IL 60025

Title: STV ( ) Delete
Name: JORDAN ROBERT D
Address: 852 FEEHANVILLE DR
City-St-Zip: MT PROSPECT, IL 60056

Title: PD ( ) Delete
Name: MENNIE, DOUGLAS U
Address: 891 FEEHANVILLE DR
City-St-Zip: MT PROSPECT, IL 60056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: JONES, WILLIAM J
Address: 852 FEEHANVILLE DR
City-St-Zip: MT PROSPECT, IL 60056 US

Title: D (X) Change ( ) Addition
Name: JONES, JOHN E
Address: 800 WAUKEGAN RD
City-St-Zip: GLENVIEW, IL 60025 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D JORDAN STV 04/15/2009

Electronic Signature of Signing Officer or Director — Date