

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830544

FILED  
Feb 15, 2011  
Secretary of State

**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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D JORDAN

STV

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date