

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **831108** (6)

95 FEB 24 AM 11:23

1. Corporation Name
OSHKOSH TRUCK CORPORATION

Principal Place of Business	Mailing Address
C/O CT CORPORATION SYSTEM 2307 OREGON STREET OSHKOSH WI 54901-7062	C/O CT CORPORATION SYSTEM 2307 OREGON STREET OSHKOSH WI 54901-7062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/19/1973	3a. Date of Last Report 02/23/1994
--	--

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number 39-0520270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Signature, typed or printed name of registered agent and title if applicable) (SOLE Registered Agent signature required when applicable) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PCOO
NAME	BOHN, R. G.
STREET ADDRESS	1225 WASHINGTON AVE
CITY - ST - ZIP	OSHKOSH WI
TITLE	AS
NAME	BOYCKS, B. E.
STREET ADDRESS	87 MYRNA JANE DR
CITY - ST - ZIP	OSHKOSH WI
TITLE	VCFT
NAME	SCHULTE, FRED S
STREET ADDRESS	3190 OLD ORCHARD LA
CITY - ST - ZIP	OSHKOSH WI
TITLE	EVP
NAME	HOLLOWELL, P. C.
STREET ADDRESS	1004 WASHINGTON AVE
CITY - ST - ZIP	OSHKOSH WI
TITLE	CEO
NAME	GOODSON, R. EUGENE
STREET ADDRESS	1545 ARBORETUM DRIVE
CITY - ST - ZIP	OSHKOSH WI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 in this report, or in an attachment thereto with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-95
 Date 4114-233-9332
Telephone No.