

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **831108** (6)  
1. Corporation Name  
**OSHKOSH TRUCK CORPORATION**



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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for State, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: 10/19/1973  
3a. Date of Last Report: 02/24/1995  
4. FEI Number: 39-0520270  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  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 (81-85) fields: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0607 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11.1 TITLE: PCOO	11.2 NAME: BOHN, R. G.	11.3 STREET ADDRESS: 1225 WASHINGTON AVE	11.4 CITY, ST, ZIP: OSHKOSH WI
11.1 TITLE: AS	11.2 NAME: BOYCKS, B. E.	11.3 STREET ADDRESS: 87 MYRNA JANE DR	11.4 CITY, ST, ZIP: OSHKOSH WI
11.1 TITLE: VCFT	11.2 NAME: SCHULTE, FRED S	11.3 STREET ADDRESS: 3190 OLD ORCHARD LA	11.4 CITY, ST, ZIP: OSHKOSH WI
11.1 TITLE: EVP	11.2 NAME: HOLLOWELL, P. C.	11.3 STREET ADDRESS: 1004 WASHINGTON AVE	11.4 CITY, ST, ZIP: OSHKOSH WI
11.1 TITLE: CEO	11.2 NAME: GOODSON, R. EUGENE	11.3 STREET ADDRESS: 1545 ARBORETUM DRIVE	11.4 CITY, ST, ZIP: OSHKOSH WI
11.1 TITLE: VP, General Counsel & Secretary	11.2 NAME: TIMOTHY M. DEMPSEY	11.3 STREET ADDRESS: 3980 WINDERMERE LA	11.4 CITY, ST, ZIP: OSHKOSH WI 54901

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)(k), 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 if changed or on an appointment with an address.

SIGNATURE: *Timothy M. Dempsey* TIMOTHY M. DEMPSEY 1-16-96 (414) 233-9422

CR2E034 (12/95)