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Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

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

3. Date Incorporated or Qualified 10/19/1973  
3a. Date of Last Report 02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 39-0520270  
Applied For Not Applicable

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

10. Name and Address of New Registered Agent

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

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

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCOO  DELETE  
NAME BOHN, R. G.  
STREET ADDRESS 1225 WASHINGTON AVE  
CITY - ST - ZIP OSHKOSH WI

11 TITLE CFO  Change  Addition  
12 NAME Charles L. Szews  
13 STREET ADDRESS 2916 Prairie Wood Place  
14 CITY - ST - ZIP Oshkosh, WI 54904

TITLE AS  DELETE  
NAME BOYCKS, B. E.  
STREET ADDRESS 87 MYRNA JANE DR  
CITY - ST - ZIP OSHKOSH WI

21 TITLE AS  Change  Addition  
22 NAME Connie S. Stellmacher  
23 STREET ADDRESS 2190 Blackhawk Court  
24 CITY - ST - ZIP Redgranite, WI 54970

TITLE VPS  DELETE  
NAME DEMPSEY, TIMOTHY M  
STREET ADDRESS 3980 WINDERMERE LA  
CITY - ST - ZIP OSHKOSH WI 54901

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE EVP  DELETE  
NAME HOLLOWELL, P. C.  
STREET ADDRESS 1004 WASHINGTON AVE  
CITY - ST - ZIP OSHKOSH WI

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE CEO  DELETE  
NAME GOODSON, R. EUGENE  
STREET ADDRESS 1545 ARBORETUM DRIVE  
CITY - ST - ZIP OSHKOSH WI

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do 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 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Dempsey 1/10/97 414-233-9422

Date

Daytime Phone #

CR2E034 (9/96)