

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 06 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|-----------------|------------------------|-----------------|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/19/1973 | |
| 21 Suite, Apt. #, etc. | 22 City & State | 25 Suite, Apt. #, etc. | 27 City & State | 4. FEI Number 39-0520270 | Applied For Not Applicable |
| 23 Zip | 24 Country | 28 Zip | 30 Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. 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**

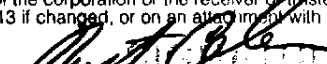
| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | PCOO | 1.1 TITLE | President and Chief <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOHN, R. G. | 1.2 NAME | Executive Officer, Robert G. Bohn |
| STREET ADDRESS | 1225 WASHINGTON AVE | 1.3 STREET ADDRESS | 1945 Hickory Lane |
| CITY-ST-ZIP | OSHKOSH WI | 1.4 CITY-ST-ZIP | Oshkosh, WI 54901 |
| TITLE | CFO | 2.1 TITLE | Exec. VP and CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SZEWS, CHARLES L | 2.2 NAME | |
| STREET ADDRESS | 2916 PRAIRIE WOOD PLACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OSHKOSH WI | 2.4 CITY-ST-ZIP | |
| TITLE | VPS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEMPSEY, TIMOTHY M | 3.2 NAME | |
| STREET ADDRESS | 3980 WINDERMERE LA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OSHKOSH WI 54901 | 3.4 CITY-ST-ZIP | |
| TITLE | EVP | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLOWELL, P. C. | 4.2 NAME | |
| STREET ADDRESS | 1004 WASHINGTON AVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OSHKOSH WI | 4.4 CITY-ST-ZIP | |
| TITLE | CEO <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | VP, Administration <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOODSON, R. EUGENE | 5.2 NAME | Matthew J. Zolnowski |
| STREET ADDRESS | 1545 ARBORETUM DRIVE | 5.3 STREET ADDRESS | 2872 Hidden Hollow Road |
| CITY-ST-ZIP | OSHKOSH WI | 5.4 CITY-ST-ZIP | Oshkosh, WI 54904 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address.

SIGNATURE  **Robert G. Bohn** 1/26/98 920-233-9422

CR2E034 (10/97)