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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90188 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 831108

1. Corporation Name
OSHKOSH TRUCK CORPORATION



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 10/19/1973

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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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

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

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BOHN, R. G.	
STREET ADDRESS	1225 WASHINGTON AVE	
CITY-ST-ZIP	OSHKOSH WI 54901	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SZEWS, CHARLES L	
STREET ADDRESS	2916 PRAIRIE WOOD PLACE	
CITY-ST-ZIP	OSHKOSH WI	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	DEMPSEY, TIMOTHY M	
STREET ADDRESS	3980 WINDERMERE LA	
CITY-ST-ZIP	OSHKOSH WI 54901	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	HOLLOWELL, P. C.	
STREET ADDRESS	1004 WASHINGTON AVE	
CITY-ST-ZIP	OSHKOSH WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZOLNOWSKI, MATTHEW J	
STREET ADDRESS	2872 HIDDEN HOLLOW RD	
CITY-ST-ZIP	OSHKOSH WI 54904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Dempsey, Timothy M.
3.3 STREET ADDRESS	3980 Windermere Lane
3.4 CITY-ST-ZIP	Oshkosh, WI 54901
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	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Zolnowski, Matthew J.
5.3 STREET ADDRESS	2872 Hidden Hollow Road
5.4 CITY-ST-ZIP	Oshkosh, WI 54904
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 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, with all other like empowered.

SIGNATURE: *Timothy M. Dempsey* **Timothy M. Dempsey** 1/12/99 920-233-9422

CR2E034 (11/98)