

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90118 040 \*\*\*150.00

**DOCUMENT # 831108**

1. Entity 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 54902-7062

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**39-0520270**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	EV	<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	EV	<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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Dempsey

2/23/00

Date

920-233-9422

Daytime Phone #

CR2E034 (9/99)