

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841934

FILED  
Apr 22, 2008  
Secretary of State

Entity Name: MUNCIE POWER PRODUCTS, INC.

## Current Principal Place of Business:

201 E. JACKSON STREET  
SUITE 500  
MUNCIE, IN 47305

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 548  
MUNCIE, IN 47308

## New Mailing Address:

FEI Number: 35-1046108      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: WALKER, TERRY L  
Address: POST OFFICE BOX 548  
City-St-Zip: MUNCIE, IN 47308

Title: SD ( ) Delete  
Name: BRINER, KENNETH R  
Address: POST OFFICE BOX 548  
City-St-Zip: MUNCIE, IN 47308

Title: D ( ) Delete  
Name: CAVALLINI, GIOVANNI  
Address: INTERPUMP GROUP, SRL  
City-St-Zip: REGGIO EMILIA, IT

Title: D ( ) Delete  
Name: ISEPPI, ROBERTO  
Address: INTERPUMP HYDRAULICS, SRL  
City-St-Zip: NONANTOLA, IT

Title: D ( ) Delete  
Name: CLEOPATRA, PAOLO  
Address: HYDROCAR, SRL  
City-St-Zip: NONANTOLA, IT

Title: TD ( ) Delete  
Name: FANCHER, CHRISTOPHER D  
Address: POST OFFICE BOX 548  
City-St-Zip: MUNCIE, IN 47308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY WHITE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

MGR

04/22/2008

\_\_\_\_\_ Date