

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841934

FILED
Apr 26, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DAVID L. MOORE

MGR.

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date