

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841934

FILED  
Apr 24, 2012  
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: CHAMBERS, RAY L  
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: DAVE L MOORE

SA

04/24/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date