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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 843419

1. Corporation Name

MORGAN TRAILER MFG. CO.

Principal Place of Business

Mailing Address

ONE MORGAN WAY  
MORGANTOWN, PA 19543

ONE MORGAN WAY  
MORGANTOWN, PA 19543

2. Principal Place of Business

2a. Mailing Address

21 8102 N. HIGHWAY 301

26 ONE MORGAN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 301 INDUSTRIAL PARK

27

City & State

City & State

23 TAMPA, FL

28 MORGANTOWN, PA

Zip

Country

Zip

Country

24 33687-3636

25 USA

29 19543

30 USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC

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

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

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

DATE

12. OFFICERS AND DIRECTORS

TITLE UP NORMAL RESOURCES ☒ DELETE

NAME KEITH BUTH

STREET ADDRESS ONE MORGAN WAY

CITY-ST-ZIP MORGANTOWN PA 19543

TITLE UP MANUFACTURING ☒ DELETE

NAME PAUL H. MARTIN

STREET ADDRESS ONE MORGAN WAY

CITY-ST-ZIP MORGANTOWN PA 19543

TITLE UP ENGINEERING ☒ DELETE

NAME ROY C. KISSGON

STREET ADDRESS ONE MORGAN WAY

CITY-ST-ZIP MORGANTOWN PA 19543

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHIEF FINANCIAL OFFICER ☐ Change ☒ Addition

1.2 NAME THOMAS CLEMENTS

1.3 STREET ADDRESS ONE MORGAN WAY

1.4 CITY-ST-ZIP MORGANTOWN, PA 19543

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4-1-96

Date

610-286-5025

Daytime Phone #

CR2E034 (12/95)