


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 843419 (3) 1. Corporation Name MORGAN TRAILER MFG. CO.			
Principal Place of Business 8108 MORGAN WAY MORGANTOWN PA 19543		Mailing Address ONE MORGAN WAY MORGANTOWN PA 19543	
2. Principal Place of Business 21 8108 N. Highway 301 Suite, Apt. #, etc. 22 301 Industrial Park City & State 23 Tampa FL Zip 24 33637-3636 Country 25 USA		2a. Mailing Address 26 One Morgan Way Suite, Apt. #, etc. 27 City & State 28 Morgantown PA Zip 29 19543 Country 30 USA	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	
NAME	CLEMENTS, THOMAS		
STREET ADDRESS	ONE MORGAN WAY		
CITY-ST-ZIP	MORGANTOWN PA 19543		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	HIGGINSON, ROY C		
STREET ADDRESS	ONE MORGAN WAY		
CITY-ST-ZIP	MORGANTOWN PA 19543		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	MARTIN, PAUL H		
STREET ADDRESS	ONE MORGAN WAY		
CITY-ST-ZIP	MORGANTOWN PA 19543		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	YOUSE, JAMES		
STREET ADDRESS	ONE MORGAN WAY		
CITY-ST-ZIP	MORGANTOWN PA 19543		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President/Chief Executive Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Lorri M. Palko		
1.3 STREET ADDRESS	One Morgan Way		
1.4 CITY-ST-ZIP	Morgantown, PA 19543		
2.1 TITLE	Vice President-Manufacturing	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Keith Lomorgan		
2.3 STREET ADDRESS	One Morgan Way		
2.4 CITY-ST-ZIP	Morgantown PA 19543		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.			
SIGNATURE: _____		4/25/97 (610) 286-5025	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)