# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT 1995

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

'95 MAR 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847109 (6)

1. Corporation Name

MCNEILUS TRUCK AND MANUFACTURING, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| HIGHWAY 14 E., P.O. BOX 70<br>DODGE CENTER MN 55927 | HIGHWAY 14 E., P.O. BOX 70<br>DODGE CENTER MN 55927 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1980
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 41-0967369 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | CD | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCNEILUS, GARWIN | 1.2 NAME | | |
| STREET ADDRESS | RT 1 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CNTR MN | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | 2.1 TITLE | Chairman / Director | ☒ Change ☐ Addition |
| NAME | MCNEILUS, DENZIL | 2.2 NAME | | |
| STREET ADDRESS | RT 1 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CNTR MN | 2.4 CITY-ST-ZIP | | |
| TITLE | TS | 3.1 TITLE | CFO/VP/Sec/Treas | ☒ Change ☐ Addition |
| NAME | WINKELS, THOMAS A | 3.2 NAME | | |
| STREET ADDRESS | 504 MEADOWLARK LN | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CNTR MN | 3.4 CITY-ST-ZIP | | |
| TITLE | V | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HARRIS, THOMAS | 4.2 NAME | | |
| STREET ADDRESS | RT. 1 | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CENTER MN | 4.4 CITY-ST-ZIP | | |
| TITLE | V | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ISE, WILLIAM H. | 5.2 NAME | | |
| STREET ADDRESS | HWY 14 E. | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CENTER MN | 5.4 CITY-ST-ZIP | | |
| TITLE | VD | 6.1 TITLE | President / Director | ☒ Change ☐ Addition |
| NAME | MCNEILUS, BRANDON J. | 6.2 NAME | | |
| STREET ADDRESS | RT. 1 | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DODGE CNTR MN | 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)(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: _____ Thomas A. Winkels _____ 507-374-6321
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0480450 FN