

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 847109 (6)

1. Corporation Name

MCNEILUS TRUCK AND MANUFACTURING, INC.

Principal Place of Business

HIGHWAY 14 E., P.O. BOX 70
DODGE CENTER MN 55827

Mailing Address

HIGHWAY 14 E., P.O. BOX 70
DODGE CENTER MN 55827-0070

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNEILUS, MARILEE	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	DODGE CNTR MN	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MCNEILUS, DENZIL	
STREET ADDRESS	RT 1	
CITY-ST-ZIP	DODGE CENTER MN	
TITLE	VPST	<input type="checkbox"/> DELETE
NAME	WINKELS, THOMAS A	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	DODGE CENTER MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARRIS, THOMAS	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	DODGE CENTER MN	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ISE, WILLIAM H.	
STREET ADDRESS	HWY 14 E.	
CITY-ST-ZIP	DODGE CENTER MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNEILUS, BRANDON J.	
STREET ADDRESS	RT. 1	
CITY-ST-ZIP	DODGE CNTR MN	

13.

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

THOMAS A. WINKELS VP/SECRETARY

3/27/97

Date

501-579-4632/1
0301102

CR2E034 (9/96)

FILED
Apr 02 1997 8:00am
Secretary of State

