

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90099 030 ***150.00

DOCUMENT # **847109**

1. Corporation Name

MCNEILUS TRUCK AND MANUFACTURING, INC.

Principal Place of Business

**HIGHWAY 14 E., P.O. BOX 70
DODGE CENTER MN 55927**

Mailing Address

**HIGHWAY 14 E., P.O. BOX 70
DODGE CENTER MN 55927**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

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

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 **DV** ☒ DELETE
NAME **MCNEILUS, MARILEE**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **DODGE CNTR MN**

TITLE **CD** ☒ DELETE
NAME **MCNEILUS, DENZIL**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **DODGE CENTER MN**

TITLE **VPST** ☒ DELETE
NAME **WINKELS, THOMAS A**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **DODGE CENTER MN**

TITLE **V** ☒ DELETE
NAME **HARRIS, THOMAS**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **DODGE CENTER MN**

TITLE **V** ☒ DELETE
NAME **ISE, WILLIAM H.**
STREET ADDRESS **HWY 14 E.**
CITY-ST-ZIP **DODGE CENTER MN**

TITLE **PD** ☒ DELETE
NAME **MCNEILUS, BRANDON J.**
STREET ADDRESS **RT. 1**
CITY-ST-ZIP **DODGE CNTR MN**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director ☐ Change ☒ Addition

1.2 NAME **Robert G. Bohn**

1.3 STREET ADDRESS **2307 Oregon Street**

1.4 CITY-ST-ZIP **Oshkosh, WI 54901**

2.1 TITLE Director & Secretary ☐ Change ☒ Addition

2.2 NAME **Timothy M. Dempsey**

2.3 STREET ADDRESS **2307 Oregon Street**

2.4 CITY-ST-ZIP **Oshkosh, WI 54901**

3.1 TITLE Director ☐ Change ☒ Addition

3.2 NAME **Charles L. Szews**

3.3 STREET ADDRESS **2307 Oregon Street**

3.4 CITY-ST-ZIP **Oshkosh, WI 54901**

4.1 TITLE President and COO ☐ Change ☒ Addition

4.2 NAME **Danny J. Lanzdorf**

4.3 STREET ADDRESS **Highway 14 East, P.O. Box 70**

4.4 CITY-ST-ZIP **Dodge Center, MN 55927**

5.1 TITLE Vice President ☐ Change ☒ Addition

5.2 NAME **Thomas Fenner**

5.3 STREET ADDRESS **Highway 14 East, P.O. Box 70**

5.4 CITY-ST-ZIP **Dodge Center, MN 55927**

6.1 TITLE Vice President & CFO ☐ Change ☒ Addition

6.2 NAME **James Koleski**

6.3 STREET ADDRESS **Highway 14 East, P.O. Box 70**

6.4 CITY-ST-ZIP **Dodge Center, MN 55927**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.01(5)(f), Florida Statutes. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Dempsey

4/1/99 920-233-9422

Date

Daytime Phone #

CR2E034 (1/98)