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Mar 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 858146 (4)  
1. Corporation Name  
NEW ENGLAND DETROIT DIESEL-ALLISON, INC.



Principal Place of Business 90 BAY STATE RD. WAKEFIELD MA 01880	Mailing Address 90 BAY STATE RD. WAKEFIELD MA 01880
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1983	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 04-2537148		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	25. Country	29. Country		30. Country	
24. Country		25. Country		29. Country	
25. Country		30. Country		31. Country	

9. Name and Address of Current Registered Agent RIEF, FRANK J., III 111 MADISON STREET TAMPA FL 33601		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	KNOFF, CHARLES E., JR.	1.2 NAME	
STREET ADDRESS	8699 S.E. MARINA WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	1.4 CITY - ST - ZIP	
TITLE	VC	2.1 TITLE	
NAME	KNOFF, JOHN M.	2.2 NAME	
STREET ADDRESS	31 PINE ST	2.3 STREET ADDRESS	232 LARCH ROW
CITY - ST - ZIP	HAMILTON MA	2.4 CITY - ST - ZIP	Wenham, MA 01984
TITLE	P	3.1 TITLE	
NAME	MANNING, JEFFREY P.	3.2 NAME	
STREET ADDRESS	90 BAY STATE RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	WAKEFIELD MA	3.4 CITY - ST - ZIP	
TITLE	STD	4.1 TITLE	
NAME	MANNING, JEFFREY P.	4.2 NAME	
STREET ADDRESS	90 BAY STATE RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	WAKEFIELD MA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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 its 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 in an attachment with an address.

SIGNATURE



2/27/98 781-246-1810

CR2E034 (10/97)