


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F00000006906 1. Entity Name MORBARK, INC.	
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Principal Place of Business 8507 S. WINN ROAD WINN, MI 48896	Mailing Address 8507 S. WINN ROAD WINN, MI 48896
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DO NOT WRITE IN THIS SPACE



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number 38-2805772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MOREY, LON 8507 S. WINN ROAD WINN, MI 48896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROBISON, MILAN 8507 S. WINN ROAD WINN, MI 48896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOCH, LARRY 8507 S. WINN ROAD WINN, MI 48896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHMANN, DEBRA 8507 S. WINN ROAD WINN, MI 48896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARDOS, GARY 8507 S WINN ROAD WINN, MI 48896
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/31/06-80024-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra C. Lehmann, Treasurer 3/14/06 989 666 2381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone