

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000783

1. Entity Name
HARLEY-DAVIDSON MOTOR COMPANY GROUP, INC.



Principal Place of Business
**3700 WEST JUNEAU AVE.
MILWAUKEE, WI 53208**

Mailing Address
**3700 WEST JUNEAU AVE.
MILWAUKEE, WI 53208**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
08 JAN 18 PM 1:56
TALLAHASSEE, FLORIDA



01092008 Chg-P CR2E034 (12/06)

4. FEI Number
39-1805420

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZIEMER, JAMES L 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T GLASSGOW, PERRY A. 3700 WEST JUNEAU AVENUE MILWAUKEE, WISCONSIN 53208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T BROSTOWITZ, JAMES M 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400116369214 01/29/08--01039--020 **866.25 <i>1/11/08</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S LIONE, GAIL A 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCCASLIN, JAMES A 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KRISHOK, EDWARD M 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CALAWAY, TONIT M 3700 WEST JUNEAU AVE. MILWAUKEE, WI 53208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Tonit M. Calaway* **1-11-08** (414) 343-8592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Tonit M. Calaway, Assistant Secretary