

150

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000002450

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

FILED

08 JAN 18 PM 1:57

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208Mailing Address
3700 WEST JUNEAU AVENUE
MILWAUKEE, WI 53208

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01092008

Chg-P

CR2E034 (12/06)

4. FEI Number
39-1972791Applied For
Not Applicable5. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	ZIEMER, JAMES L	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

TITLE	PRES	<input type="checkbox"/> Delete
NAME	MCCASLIN, JAMES	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

TITLE	VP/T	<input checked="" type="checkbox"/> Delete
NAME	BROSTOWITZ, JAMES M	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

TITLE	VP/S	<input type="checkbox"/> Delete
NAME	LIONE, GAIL A	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

TITLE	AS	<input type="checkbox"/> Delete
NAME	KRISHOK, EDWARD M	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

TITLE	AS	<input type="checkbox"/> Delete
NAME	CALAWAY, TONIT M	
STREET ADDRESS	3700 WEST JUNEAU AVENUE	
CITY - ST - ZIP	MILWAUKEE, WI 53208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLASSCOW, PERRY A.	
STREET ADDRESS	3700 West Juneau Avenue	
CITY - ST - ZIP	Milwaukee, Wisconsin 53208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tonit M. Calaway, Assistant Secretary