## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 31, 2002 8:00 am DOCUMENT # Secretary of State F01000004224 1. Entity Name 01-31-2002 90295 001 \*\*\*750 00 **BUELL MOTORCYCLE COMPANY** Principal Place of Business Mailing Address 3700 WEST JUNEAU AVENUE 3700 WEST JUNEAU AVENUE 11196 MILWAUKEE WI 53208 MILWAUKEE WI 53208 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 39-1749172 Not Applicable \$8,75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME BLEUSTEIN, JEFFREY L STREET ADDRESS STREET ADDRESS 3700 WEST JUNEAU AVENUE CITY-ST-7IP CITY-ST-ZIP MILWAUKEE WI 53208 D, C, CTO X Change ☐ Addition ☐ Delete TITLE TITLE CD Buell, Erik F. NAME MAME BUELL, ERIK F STREET ADDRESS STREET ADDRESS 3700 WEST JUNEAU AVENUE CITY-ST-ZIP CITY-ST-7IP MILWAUKEE WI 53208 X Addition ☐ Change TITLE Delete TITLE **VT** Krishok, Edward M. NAME NAME BROSTOWITZ, JAMES M STREET ADDRESS 3700 W. Juneau Ave. STREET ADDRESS 3700 WEST JUNEAU AVENUE Milwaukee, WI 53208 CITY-ST-7IP CITY-ST-7IP MILWAUKEE WI 53208 AS ☐ Change X Addition ☐ Delete TITI F TITLE Calaway, Tonit M. NAME NAME ZIEMER, JAMES L STREET ADDRESS 3700 W. Juneau Ave. STREET ADDRESS 3700 WEST JUNEAU AVENUE CITY-ST-ZIP Milwaukee, WI 53208 CITY-ST-ZIP MILWAUKEE WI 53208 AT ☐ Change X Addition ☐ Delete TITLE Rooks, Cynthia A. NAME NAME LIONE, GAIL A STREET ADDRESS 3700 W. Juneau Ave STREET ADDRESS 3700 WEST JUNEAU AVENUE CITY-ST-ZIP Milwaukee, WI 53208 CITY-ST-ZIP MILWAUKEE WI 53208 X Change ☐ Addition ☐ Delete TITLE TITLE D, P, COO NAME NAME HEVEY, JOHN Hevey, John

MILWAUKEE WI 53208 13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

3700 WEST JUNEAU AVENUE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRTORIT M. Calaway - Assistant Secretary 01/10/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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