

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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07 JAN 30 PH 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01152007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # F01000004226</b>					
1. Entity Name <b>HARLEY-DAVIDSON MOTOR COMPANY OPERATIONS, INC.</b>					
Principal Place of Business <b>3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208</b>			Mailing Address <b>3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208</b>		
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	4. FEI Number <b>39-1972792</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD ZIEMER, JAMES L 3700 WEST JUNEAU AVENUE MILWAUKEE, WI 53208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200086838472 02/01/07--01005--001 **600.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MCCASLIN, JAMES 3700 WEST JUNEAU AVENUE 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	VP/T BROSTOWITZ, JAMES M 3700 WEST JUNEAU AVENUE 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	VP/S LIONE, GAIL A 3700 WEST JUNEAU AVENUE 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 AVENUE 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		<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: <u>Tonit M. Calaway</u>			Date: <u>1-18-07</u>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>(414) 343-8592</u>		

Tonit M. Calaway, Asst. Secretary

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**Harley-Davidson Motor Company Operations, Inc.**  
**3700 West Juneau Avenue**  
**Milwaukee, Wisconsin 53208**

James L. Ziemer 3700 W. Juneau Ave., Milwaukee, WI 53208