

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2008 8:00 am
Secretary of State

05-20-2008 90004 014 ***150.00

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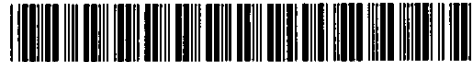
1. Entity Name
FLEETWOOD TRAVEL TRAILERS OF INDIANA INC



Principal Place of Business
**1635 ELMORE ST
CRAWFORDSVILLE, IN 47933**

Mailing Address
**1635 ELMORE ST
CRAWFORDSVILLE, IN 47933**

DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number
35-1283654

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**

**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: _____
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 \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SMITH, ELDEN L
STREET ADDRESS	3125 MYERS ST
CITY-ST-ZIP	RIVERSIDE, CA 92503
TITLE	VCVP
NAME	PLOWMAN, BOYD R
STREET ADDRESS	1635 ELMORE ST
CITY-ST-ZIP	CRAWFORDSVILLE, IN 47933
TITLE	DS
NAME	MCGILL, LEONARD J
STREET ADDRESS	1635 ELMORE ST
CITY-ST-ZIP	CRAWFORDSVILLE, IN 47933
TITLE	DT
NAME	LARKIN, LYLE N
STREET ADDRESS	1635 ELMORE ST
CITY-ST-ZIP	CRAWFORDSVILLE, IN 47933
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: LYLE N. LARKIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

951-351-3797

Daytime Phone #

ATTACHMENT

40104337

F07000005133

FLEETWOOD TRAVEL TRAILERS OF INDIANA, INC.

OFFICERS AND DIRECTORS OF
FLEETWOOD RV SUBSIDIARIES

Elden L. Smith
Boyd R. Plowman

Paul C. Eskritt
Leonard J. McGill

Lyle N. Larkin

President & Chief Executive Officer
Executive Vice President & Chief
Financial Officer and Assistant Secretary
Executive Vice President
Sr. Vice President - General Counsel
and Secretary
Vice President - Treasurer and Asst. Secretary

DIRECTORS:
Elden L. Smith
Boyd R. Plowman
Leonard J. McGill
Lyle N. Larkin

ALL CORRESPONDENCE DIRECTED TO ANY OF THE
ABOVE SHOULD BE ADDRESSED AS FOLLOWS:

P. O. BOX 7638
RIVERSIDE, CA 92513-7638

1/4/07