

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001589

FILED
Feb 13, 2007
Secretary of State

Entity Name: OSHKOSH SPECIALTY VEHICLES, LLC

Current Principal Place of Business:

16745 S. LATHROP AVENUE
HARVEY, IL 60426

New Principal Place of Business:

Current Mailing Address:

16745 S. LATHROP AVENUE
HARVEY, IL 60426

New Mailing Address:

FEI Number: 36-4186345

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AK ACQUISITION CORP.,
Address: 2307 OREGON STREET
City-St-Zip: OSHKOSH, WI 54902

Title: MGRM () Delete
Name: PRIME MEDICAL MANUFA, CTURING, LLC
Address: 16745 S. LATHROP AVENUE
City-St-Zip: HARVEY, IL 60426

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRYAN J. BLANKFIELD

MM

02/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date