FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:55

DOCUMENT # P37203 (7)

1. Corporation Name
STEWART & STEVENSON OPERATIONS, INC.

Principal Place of Business	Mailing Address
ATTN: TAX MANAGER P.O. BOX 1637 HOUSTON TX 77251-1637	ATTN: TAX MANAGER P.O. BOX 1637 HOUSTON TX 77251-1637

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 76-0280479 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☑ Addition
NAME	WALLIN, DON	1.2 NAME	
STREET ADDRESS	4135 MARLOWE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	77005
TITLE	VD	2.1 TITLE	☐ Change ☑ Addition
NAME	O'NEAL, BOB	2.2 NAME	
STREET ADDRESS	10103 LONGWOODS	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	77024
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	STEWART, RICHARD	3.2 NAME	
STREET ADDRESS	6432 BROMPTON	3.3 STREET ADDRESS	6428 BROMPTON
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	HOUSTON, TX 77005
TITLE	VTD	4.1 TITLE	☑ Change ☐ Addition
NAME	HARGRAVE, ROBERT	4.2 NAME	
STREET ADDRESS	8880 CHATSWORTH	4.3 STREET ADDRESS	2 BLALOCK CIRCLE
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	HOUSTON, TX 77024
TITLE	DC	5.1 TITLE	☐ Change ☑ Addition
NAME	STEWART, JIM C. II	5.2 NAME	
STREET ADDRESS	5957 SHADY RIVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	77057
TITLE	VS	6.1 TITLE	☐ Change ☑ Addition
NAME	WILSON, LAWRENCE E.	6.2 NAME	
STREET ADDRESS	3 INVERNESS PARK CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	77055

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Harmon 1/27/95 713-868-7700
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

0302036 CP