## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000035232 1. Entity Name GREAT DANE POWER EQUIPMENT, INC. Principal Place of Business Mailing Address P.O. BOX 104 P.O. BOX 104 SELLERSBURG IN 47172 305 S. NEW ALBANY ST. SELLERSBURG IN 47172 3. Mailing Address 2. Principal Place of Business 4700 New Middle Road 4700 New Middle Road Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

## **FILED** Aug 29, 2000 8:00 am Secretary of State

08-29-2000 90188 008 \*\*\*558.75



DO NOT WRITE IN THIS SPACE

| City & State  |                      |  |                                 |   | <b>4</b> . F                                       | FEI Number 59-3379923 |                     |               | Ar             | oplied For    |  |
|---|----------------------|--|---------------------------------|---|--|-----------------------|---------------------|---------------|----------------|---------------|--|
| JEFFERSONVILLE, IN  |                      |  | JEFFERSONVILLE, N               |   |  |                       | 00 001002           |               | No.            | ot Applicable |  |
| Zip Country USA   |                      |  | Zip<br>47122                    | Country<br>USA                              |  |                       |                     |               |                |               |  |
|   | 6. Name              | and Address of Current Re                                  |                                 | 7. Name and Address of New Registered Agent |  |                       |                     |               |                |               |  |
|   |                      |  | Name                            | Name  |  |                       |                     |               |                |               |  |
| SCAG, DANE T  |                      |  |                                 |   | Ctroat Address (D.O. Roy Number in Net Appartable) |                       |                     |               |                |               |  |
| 4807 110TH TERRACE NORTH  |                      |  |                                 |   | Street Address (P.O. Box Number is Not Acceptable) |                       |                     |               |                |               |  |
| CLE/  | ARWATER I            | FL 34622   |                                 |   |  |                       |                     |               |                |               |  |
|   |                      |  |                                 | <del></del>                                 |  |                       |                     |               |                |               |  |
|   |                      |  |                                 |   | City FL Zip Cor                                    |                       |                     |               |                | е             |  |
| 9 The above   | named optitu         | submits this statement for t                               | he purpose of changing ite      | registered office or rec                    | nietorod and                                       | ent or both in        | the State of Flor   | -ida          |                |               |  |
| <b>6.</b> The above i   | named entity         | submits this statement for t                               | ne purpose or changing its      | registered diffice of reg                   | gistered age                                       | 511t, OF DOILI, 11    | Title State Of Flor | ida.          |                |               |  |
|   |                      |  |                                 |   |  |                       |                     |               |                |               |  |
| SIGNATURE _   | Signature, typed o   | or printed name of registered agent and                    | tutie if applicable (NOTE       | : Registered Agent signature re             | aquired when rei                                   | instating)            |                     | DATE          |                |               |  |
|   |                      |  | -r                              |   | 6  |                       |                     |               |                |               |  |
| 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE |                      |  |                                 |   | <b>67</b> 50 00                                    | 10. Electio           | n Campaign Fina     | ancing        | \$5.0          | 00 May Be     |  |
| Tax filing re   | 3, 2000 Mln. will be | . ,  | Trust F                         | und Contribution                            | . 🗀 🗆  |                       | d to Fees           |               |                |               |  |
| (See criteria on back) Make Check Payable to De                           |                      |  |                                 |   |  |                       |                     |               |                |               |  |
| 11.   |                      | OFFICERS AND DI  | 12.                             | AD  | DITIONS/CH/  | ANGES TO OFFI         | CERS AND            |               |                |               |  |
| TITLE   | PDT                  |  | ☐ Delete                        | TITLE                                       |  |                       |                     |               | ☐ Change       | ☐ Addition    |  |
| NAME  | SCAG, D              |  |                                 | NAME  |  |                       |                     |               |                |               |  |
| STREET ADDRESS  |                      | N JOSE DR.   |                                 | STREET ADDRESS                              |  |                       |                     |               |                |               |  |
| CITY-ST-ZIP   | ELM PRO              | OVE WI   |                                 | CITY-ST-ZIP                                 |  |                       |                     |               |                |               |  |
| TITLE   | VPDS                 |  | ☐ Delete                        | TITLE                                       |  |                       |                     |               | Change         | ☐ Addition    |  |
| NAME  |                      | RAYLENA K  |                                 | NAME  |  |                       |                     |               |                |               |  |
| STREET ADDRESS  |                      | SURE LANE N.   |                                 | STREET ADDRESS<br>CITY - ST - ZIP           |  |                       |                     |               |                |               |  |
| CITY-ST-ZIP   | LARGO F              | <u>L</u>   |                                 |   |  |                       |                     |               |                | <u> </u>      |  |
| TITLE   | D                    |  | Delete                          | TITLE                                       |  |                       |                     |               | ☐ Change       | ☐ Addition    |  |
| NAME  | STONE, I             |  |                                 | NAME<br>STREET ADDRESS                      | <del></del>  | <del></del>           |                     | <del></del>   | <del></del> -  |               |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |                      | 1417 COUNTY C  |                                 | CITY-ST-ZIP                                 |  |                       |                     |               |                |               |  |
|   | DELEAFIR             | ELD WI 53018   |                                 |   |  |                       |                     |               | Change         | Addition      |  |
| TITLE<br>NAME   |                      | AAN, LYNN  | ☐ Defete                        | TITLE<br>NAME                               |  |                       |                     |               | Change         | ☐ Addition    |  |
| STREET ADDRESS  |                      | EST HILL RD  |                                 | STREET ADDRESS                              |  |                       |                     |               |                |               |  |
| CITY-ST-ZIP   |                      | RLIN WI 47150  |                                 | CITY-ST-ZIP                                 |  |                       |                     |               |                |               |  |
|   | new ber              | 1LIN 111 47 150  | Delete                          | TITLE                                       |  |                       |                     |               | ☐ Change       | Addition      |  |
| TITLE<br>NAME   | •                    | WILLIAM E  | DEL Detete                      | NAME  |  |                       |                     |               | onlings        | ridultion     |  |
| STREET ADDRESS  |                      | MARY LANE  |                                 | STREET ADDRESS                              |  |                       |                     |               |                |               |  |
| CITY-ST-ZIP   |                      | RLIN WI 53151  |                                 | CITY-ST-ZIP                                 |  |                       |                     |               |                |               |  |
| TITLE   | 11C11 UC1            |  | ☐ Delete                        | TITLE                                       |  |                       |                     |               | Change         | Addition      |  |
| NAME  |                      |  | m neiere                        | NAME  |  |                       |                     |               |                |               |  |
| STREET ADDRESS  |                      |  |                                 | STREET ADDRESS                              |  |                       |                     |               |                |               |  |
| CITY-ST-ZIP   |                      |  |                                 | CITY-ST-ZIP                                 |  |                       |                     |               |                |               |  |
| 13. I hereby co   | ertify that the      | information supplied with the                              | nis filing does not qualify for | the exemption stated                        | in Section   | 119.07(3)(i), F       | orida Statutes. I   | further cert  | ify that the i | nformation    |  |
| indicated (   | on this report       | t or supplemental report is tree receiver or truster empow | ue and accurate and that m      | ıy signature shall have                     | the same l   | egal effect as        | if made under o     | ath; that I a | m an officer   | or director   |  |

changed, or on an attachment with an address, with all other like empowered