

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000035232

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: GREAT DANE POWER EQUIPMENT, INC.

## Current Principal Place of Business:

DEERE & CO., C/O TAX DEPT  
ONE JOHN DEERE PLACE  
MOLINE, IL 61265 US

## New Principal Place of Business:

## Current Mailing Address:

DEERE & CO., C/O TAX DEPT  
ONE JOHN DEERE PLACE  
MOLINE, IL 61265 US

## New Mailing Address:

FEI Number: 59-3379923      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DOHERTY, GREGORY A  
Address: 2000 JOHN DEERE RUN  
City-St-Zip: CARY, NC 27513 US

Title: P ( ) Delete  
Name: JONES, NATHAN  
Address: 2000 JOHN DEERE RUN  
City-St-Zip: CARY, NC 27513 US

Title: VP ( ) Delete  
Name: JOHNSON, RONNIE T  
Address: 2000 JOHN DEERE RUN  
City-St-Zip: CARY, NC 27513 US

Title: D ( ) Delete  
Name: JOKLIK, VIVIEN H  
Address: 2000 JOHN DEERE RUN  
City-St-Zip: CARY, NC 27513

Title: VP ( ) Delete  
Name: MEYER, PAUL A  
Address: 14401 CAROLWINDS BLVD  
City-St-Zip: CHARLOTTE, NC 28273

Title: AS ( ) Delete  
Name: JARRETT, THOMAS K  
Address: ONE JOHN DEERE PLACE  
City-St-Zip: MOLINE, IL 61265

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change ( ) Addition  
Name: FIELD, JAMES  
Address: 2000 JOHN DEERE RUN  
City-St-Zip: CARY, NC 27513 US

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

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

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 exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K. JARRETT

AS

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date