

**2014 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 841934

**Entity Name:** MUNCIE POWER PRODUCTS, INC.

**Current Principal Place of Business:**

201 E. JACKSON STREET  
SUITE 500  
MUNCIE, IN 47305

**FILED**  
**May 08, 2014**  
**Secretary of State**  
**CC6330230008**

**Current Mailing Address:**

POST OFFICE BOX 548  
MUNCIE, IN 47308

**FEI Number: 35-1046108**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title CD  
Name CHAMBERS, RAY L  
Address POST OFFICE BOX 548  
City-State-Zip: MUNCIE IN 47308

Title D  
Name CAVALLINI, GIOVANNI  
Address INTERPUMP GROUP, SRL  
City-State-Zip: REGGIO EMILIA

Title D  
Name ISEPPI, ROBERTO  
Address INTERPUMP HYDRAULICS, SRL  
City-State-Zip: NONANTOLA

Title D  
Name CLEOPATRA, PAOLO  
Address HYDROCAR, SRL  
City-State-Zip: NONANTOLA

Title TD  
Name FANCHER, CHRISTOPHER D  
Address POST OFFICE BOX 548  
City-State-Zip: MUNCIE IN 47308

Title CFO  
Name WHITE, KATHERINE E  
Address 201 E. JACKSON STREET  
SUITE 500  
City-State-Zip: MUNCIE IN 47305

*I hereby 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 all other like empowered.*

**SIGNATURE: KATHERINE WHITE**

**CFO**

**05/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date