

**2016 FOREIGN PROFIT CORPORATION 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**  
**Apr 28, 2016**  
**Secretary of State**  
**CC4581286322**

**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	ISEPPI, ROBERTO
Address	INTERPUMP HYDRAULICS, SRL
City-State-Zip:	NONANTOLA
Title	TD
Name	FANCHER, CHRISTOPHER D
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	CLEOPATRA, PAOLO
Address	HYDROCAR, SRL
City-State-Zip:	NONANTOLA
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**

**04/28/2016**

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

\_\_\_\_\_  
Date