FILED Sep 19, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F0000002756 1. Entity Name 09-19-2001 90124 006 ***550.00 ESSEX CRANE RENTAL CORP. Principal Place of Business Mailing Address 777 TERRACE AVENUE 777 TERRACE AVENUE HASBROUCK HEIGHTS NJ 07604 HASBROUCK HEIGHTS NJ 07604 A0086795 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 22-3729189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (10/00)**PSCD** ☐ Change ★ Addition TITLE Delete TITLE RONALD SCHAD NESTOR, JOHN G NAME NAME 177 TERRACE AVENUE STREET ADDRESS 777 TERRACE AVENUE STREET ADDRESS HASBROUCK HEIGHTS, NJ 07604 CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 Change TITLE Delete TITLE ☐ Addition DEGRANDIS, MICHAEL T NAME 1550 SOM CENTER ROAD STREET ADDRESS STREET ADDRESS 777 TERRACE AVENUE WILLOUGHBY HILLS, OH HHOGH CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 TITLE (BOLL, MARTIN Delete TITLE ☐ Change ■ Addition 'ÑAME NAME STREET ADDRESS 777 TERRACE AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HASBROUCK HEIGHTS NJ 07604 TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition