

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001550

**Entity Name:** CRANE MERCHANDISING SYSTEMS, INC.

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**7835009975CC**

**Current Principal Place of Business:**

3330 CRANE WAY  
PO DRAWER 719  
WILLISTON, SC 29853

**Current Mailing Address:**

3330 CRANE WAY  
PO DRAWER 719  
WILLISTON, SC 29853 US

**FEI Number:** 42-1422899

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 ASSISTANT TREASURER, ASSISTANT SECRETARY  
Name ALLADEEN, NASRUDEEN  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title PRESIDENT  
Name BAUWE, JAN-HINRIK  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title VP, SECRETARY  
Name D'IOR, ANTHONY M.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title DIRECTOR  
Name GALLO, KURT F.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title DIRECTOR  
Name MAUE, RICHARD A.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title DIRECTOR  
Name MITCHELL, MAX H.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title VP, FINANCE, CFO  
Name MOORE, JOSEPH D.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

Title VP, TREASURER  
Name SWITTER, EDWARD S.  
Address 3330 CRANE WAY  
PO DRAWER 719  
City-State-Zip: WILLISTON SC 29853

*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:** NASRUDEEN ALLADEEN

**ASSISTANT TREASURER** 04/22/2022

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

\_\_\_\_\_  
Date