

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001550

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

**Current Principal Place of Business:**

12955 ENTERPRISE WAY  
BRIDGETON, MO 63044

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC2496122154**

**Current Mailing Address:**

% CRANE CO.  
100 FIRST STAMFORD PLACE  
STAMFORD, CT 06902

**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            PRESIDENT  
Name            TEDDER, BRAD  
Address        3330 CRANE WAY  
City-State-Zip: WILLISTON SC 29853

Title            CONTROLLER  
Name            GLEASON, BENJAMIN  
Address        3330 CRANE WAY  
City-State-Zip: WILLISTON SC 29853

Title            VP, TREASURER  
Name            SWITTER, EDWARD S  
Address        100 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title            VP, SECRETARY  
Name            DUPONT, AUGUSTUS I  
Address        100 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title            ASST. TREASURER, ASST.  
                  SECRETARY  
Name            PASSARELLI, SINA A  
Address        100 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title            DIRECTOR  
Name            MITCHELL, MAX H  
Address        100 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

*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:** SINA A PASSARELLI

**ASSISTANT TREASURER    03/03/2017**

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

\_\_\_\_\_  
Date