Electronic Signature of Signing Officer/Director Detail

Title	DIRECTOR	Title	DIRECTOR
Name	HAIME, ELLEN MCCLAIN	Name	LINDSAY, RONALD C
Address	100 FIRST STAMFORD PL #300	Address	100 FIRST STAMFORD PL #300
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902
Title	DIRECTOR	Title	DIRECTOR, PRESIDENT, CEO
Name	MCCLURE, CHARLES G	Name	MITCHELL, MAX H
Address	100 FIRST STAMFORD PL #300	Address	100 FIRST STAMFORD PL #300
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902
Title	DIRECTOR	Title	DIRECTOR
Name	POLLINO, JENNIFER	Name	TULLIS, JAMES L L
Address	100 FIRST STAMFORD PL #300	Address	100 FIRST STAMFORD PL #300
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902

# Officer/Director Detail :

Title

Name

Address

DIRECTOR

City-State-Zip: STAMFORD CT 06902

above, or on an attachment with all other like empowered.

SIGNATURE: NASRUDEEN ALLADEEN

BENANTE, MARTIN R

100 FIRST STAMFORD PL #300

**Current Mailing Address:** 

DOCUMENT# F22000003913

100 FIRST STAMFORD PL #300 STAMFORD, CT 06902

Entity Name: CRANE HOLDINGS, CO.

**Current Principal Place of Business:** 

100 FIRST STAMFORD PL #300 STAMFORD, CT 06902 US

## FEI Number: 88-0706021

# Name and Address of Current Registered Agent:

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

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

# FILED Mar 08, 2023 Secretary of State 9942054101CC

Certificate of Status Desired: No

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.

Title

Name

Address

City-State-Zip:

Continues on page 2

DIRECTOR

DINKINS, MICHAEL

STAMFORD CT 06902

100 FIRST STAMFORD PL #300

SIGNATURE: Electronic Signature of Registered Agent

Date

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 03/08/2023 ASSISTANT TREASURER & ASSISTANT SECRETARY

Date

### **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	SECRETARY
Name	STROUP, JOHN S	Name	D'IORIO,, ANTHONY M
Address	100 FIRST STAMFORD PL #300	Address	100 FIRST STAMFORD PL #300
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902
Title	CFO	Title	TREASURER
Name	MAUE, RICHARD A	Name	SWITTER, EDWARD S.
Address	100 FIRST STAMFORD PL #300	Address	100 FIRST STAMFORD PL #300
City-State-Zip:	STAMFORD CT 06902	City-State-Zip:	STAMFORD CT 06902
Title	ASSISTANT TREASURER & ASSISTANT SECRETARY		
Name	ALLADEEN, NASRUDEEN		
Address	100 FIRST STAMFORD PL #300		
City-State-Zip:	STAMFORD CT 06902		