

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003913

**Entity Name:** CRANE HOLDINGS, CO.**Current Principal Place of Business:**100 FIRST STAMFORD PL #300  
STAMFORD, CT 06902**Current Mailing Address:**100 FIRST STAMFORD PL #300  
STAMFORD, CT 06902 US**FEI Number:** 88-0706021**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 DIRECTOR  
Name BENANTE, MARTIN R  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name HAIME, ELLEN MCCLAIN  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name MCCLURE, CHARLES G  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name POLLINO, JENNIFER  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name DINKINS, MICHAEL  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name LINDSAY, RONALD C  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR, PRESIDENT, CEO  
Name MITCHELL, MAX H  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title DIRECTOR  
Name TULLIS, JAMES L L  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

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*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 03/08/2023  
& ASSISTANT  
SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STROUP, JOHN S  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title CFO  
Name MAUE, RICHARD A  
Address 100 FIRST STAMFORD PL #300  
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

Title SECRETARY  
Name D'ORIO,, ANTHONY M  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902

Title TREASURER  
Name SWITTER, EDWARD S.  
Address 100 FIRST STAMFORD PL #300  
City-State-Zip: STAMFORD CT 06902