

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000000188

**Entity Name:** MANITOWOC EQUIPMENT WORKS INC.

**Current Principal Place of Business:**

2400 S 44TH ST  
MANITOWOC, WI 54220

**Current Mailing Address:**

PO BOX 66  
MANITOWOC, WI 54220

**FEI Number: 39-1775032**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 VP  
Name NOLDEN, DEAN J  
Address 2400 S 44TH ST  
City-State-Zip: MANITOWOC WI 54220

Title TD  
Name LAURINO, CARL J  
Address 2400 S 44TH ST  
City-State-Zip: MANITOWOC WI 54220

Title SD  
Name JONES, MAURICE D  
Address 2400 S 44TH ST  
City-State-Zip: MANITOWOC WI 54220

Title VP  
Name MUSIAL, TOM G  
Address 2400 S. 44TH STREET  
City-State-Zip: MANITOWOC WI 54220

Title AS  
Name KLAIBER, MARK J  
Address 2400 S. 44TH STREET  
City-State-Zip: MANITOWOC WI 54220

*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: MAURICE JONES**

**SECRETARY**

**05/08/2014**

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

\_\_\_\_\_  
Date