

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07440

Entity Name: CRANE CO.**Current Principal Place of Business:**100 FIRST STAMFORD PLACE
STAMFORD, CT 06902**Current Mailing Address:**100 FIRST STAMFORD PLACE
STAMFORD, CT 06902**FEI Number:** 13-1952290**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S. 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, CEO, DIRECTOR
Name MITCHELL, MAX H
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 VP, TREASURER
Name SWITTER, EDWARD S
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY
Name DEE, CHRISTOPHER
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title VP, CFO
Name MAUE, RICHARD A
Address 100 FIRST STAMFORD PLACE
City-State-Zip: STAMFORD CT 06902

Title ASST. SECRETARY, ASST.
 TREASURER
Name PASSARELLI, SINA A
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