

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90221 018 \*\*\*150.00

DOCUMENT # 814996

1. Corporation Name  
BUCYRUS INTERNATIONAL, INC.

Principal Place of Business  
1100 MILWAUKEE AVENUE  
P O BOX 500  
SOUTH MILWAUKEE WISCONSIN 53172-500  
US

Mailing Address  
1100 MILWAUKEE AVENUE  
P O BOX 500  
SOUTH MILWAUKEE WISCONSIN 53172-500  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	01/13/1961	39-0188050	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes the current year Intangible	Personal Property Tax.	
24	25		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			
29	30			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	CEO/P/D
NAME	<del>HILDEBRAND, WILLARD R</del>	1.2 NAME	Light, Stephen R.
STREET ADDRESS	1100 MILWAUKEE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SO MILWAUKEE WI	1.4 CITY-ST-ZIP	
TITLE	CFOV	2.1 TITLE	
NAME	SMOKE, DANIEL J	2.2 NAME	
STREET ADDRESS	1100 MILWAUKEE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SO MILWAUKEE WI	2.4 CITY-ST-ZIP	
TITLE	<del>V</del>	3.1 TITLE	
NAME	<del>SULLIVAN, TIMOTHY W</del>	3.2 NAME	
STREET ADDRESS	<del>4100 MILWAUKEE AVENUE</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>SOUTH MILWAUKEE WI</del>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ONSAGER, MIKE G	4.2 NAME	
STREET ADDRESS	1100 MILWAUKEE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SO. MILWAUKEE WI	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	MACKUS, CRAIG R	5.2 NAME	
STREET ADDRESS	1100 MILWAUKEE AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SO MILWAUKEE WI	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	BOSBOUS, JOHN F	6.2 NAME	
STREET ADDRESS	1100 MILWAUKEE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	S MILWAUKEE WI 53172	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *C.R. Mackus* SIGNATURE REQUIRED: Mackus, Controller & Secretary 4/21/99 (414) 768-4828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0527295