**FILED** 

Apr 29, 1999 8:00 am Secretary of State

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 814996

1. Corporation Name

BUCYRUS INTERNATIONAL, INC.

,. 									<b>(                                    </b>	i				<b>e e</b> i <b>e i e</b> i i <b>i e e</b> i
Principal Place	of Business	Mailino	Address					П	<b>BOLO</b> I SOSON II			III BIBAL DI	Oli 430ti eimit	AIAIL BIBII 1991
1100 MILWAUKEE AVENUE		1100 MILWAUKEE AVENUE												
P O BOX 500		P O BOX 500					}							
SOUTH MILWAUKEE WISCONSIN 53172-500		SOUTH MILWAUKEE WISCONSIN 53172-500						DO NOT WRITE IN THIS SPACE						
US		· U\$					3.		corporate	d or Quali	fed			ļ
							}	01/13	/1961					
2. Principal P	lace of Business	2a. Mai	ling Address				4.	FEIN					A	pplied For
21		26						<u> 39-01</u>	<u>88050</u>				N	lot Applicable
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.				5	Certifo	ate of Stat	us Desire	d [	1		Additional
22		27										<u> </u>	Fee F	Required
City & State		City & State					6.		n Campai		ng [	1		May Be
23		28							und Conti				_	to Fees
Zip	Country	Zip		Cou	ntry		8.	. This o	orporation	owes the	current	year Int		
24	25	29		30					al Propert				X Yes	□No
	9. Name and Address of Currer	nt Registered	í Agent		- T	N.I.	10.	. Name	and Addi	ess of Ne	w Reg	stered	Agent	
CTC	CORPORATION SYSTEM &				81	Name								i
	S. PINE ISLAND ROAD				82	Street	Address (I	P.O. Box	Number i	s Not Acc	eptable	)		
							·							
PLAN	ITATION/FL: 33324: #				83									-
İ	eo kommonik				84	City	_			<del></del>			85 Zip	Code
	* 25% for a contract of size *				ļĪ							<u>FL</u>		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.15	08, Florida Statute	es, the a	bove	-named	corporatio	n subm	ts this stat	ement for	the pur	pose of	changing it	s registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Si ations of, Seci	ucn cnange was a tion 607.0505, Flo	rida Stat	utes.	me corpo	gradion's o	oaru or	unectors. I	nereby a	соері и	is appoi	IMMETT 65 I	egistorea
SIGNATURE														ļ
SIGNATURE	Signature, typed or printed name of registered age			: Registered			required when					DATE		
SIGNATURE	OFFICERS A	ent and title if applic	able. (NOTE:	Registered	Agent			ADDITI		NGES TO				ORS IN 12
	OFFICERS AN	ent and title if applic	able. (NOTE:	: Registered	Agent		CEO/I	ADDITI	ONS/CHAI				D DIRECT	
12.	OFFICERS AND CEOP HILDEBRAND, WILLIARD R	ent and title if applic	able. (NOTE:	Registered	Agent		CEO/I	ADDITI						
12.	OFFICERS AN	ent and title if applic	able. (NOTE:	13. 1.1 TI	Agent TLE AME		CEO/I	ADDITI	ONS/CHAI					
12. TITLE NAME	OFFICERS AND CEOP HILDEBRAND, WILLIARD R	ent and title if applic	able. (NOTE:	13. 1.1 TI 1.2 NJ 1.3 ST	Agent TLE AME	t signature r	CEO/I	ADDITI	ONS/CHAI				X Change	Addition
12. TITLE NAME STREET ADDRESS	OFFICERS AND CEOP  HILDEBRAND, WILLIARD R  1100 MILWAUKEE AVE.  SO MILWAUKEE WI  CFOV	ent and title if applic	able. (NOTE:	13. 1.1 TI 1.2 NJ 1.3 ST	Agent TLE AME TREET TY-ST	t signature r	CEO/I	ADDITI	ONS/CHAI					Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	ent and title if applic	able. (NOTE: RS	13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CI	Agent TLE AME REET TY-ST	t signature r	CEO/I	ADDITI	ONS/CHAI				X Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND CEOP  HILDEBRAND, WILLIARD R  1100 MILWAUKEE AVE.  SO MILWAUKEE WI  CFOV	ent and title if applic	able. (NOTE: RS	13. 1.1 Π 1.2 N 1.3 S1 1.4 Cl 2.1 Π 2.2 N	Agent TLE AME TREET TY-ST TLE AME	t signature r	CEO/I	ADDITI	ONS/CHAI				X Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT CEOP  HILDEBRAND, WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J	ent and title if applic	able. (NOTE: RS	13. 1.1 TΓ 1.2 N/ 1.3 S1 1.4 CI 2.1 TΓ 2.2 N/ 2.3 S1	Agent TLE AME TREET TY-ST TLE AME	ADDRESS	CEO/I	ADDITI	ONS/CHAI				X Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS	OFFICERS AT CEOP  HILDEBRAND, WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE.	ent and title if applic	able. (NOTE: RS	13. 1.1 TΓ 1.2 N/ 1.3 S1 1.4 CI 2.1 TΓ 2.2 N/ 2.3 S1	Agent TLE AME TREET TLE AME TREET	ADDRESS	CEO/I	ADDITI	ONS/CHAI				X Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP	OFFICERS AT CEOP  HILDEBRAND, WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI	ent and title if applic	RS NOTE:	13. 1.1 TI 1.2 NV 1.3 S1 1.4 CI 2.1 TI 2.2 NV 2.3 S1 2.4 C	Agent TLE AME TREET TLE TREET TREET	ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AT CEOP  HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI  V=	ent and title if applic	RS NOTE:	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV	Agent TLE AME TY-ST TLE AME TREET TTY-S' TLE	ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AT CEOP  HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI ¥= SULLIVAN; TIMOTWY W= 4100-MILWAUKEE-AVENUE	ent and title if applic	RS NOTE:	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST	Agent TLE AME TY-ST TLE AME TREET TTY-S' TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT CEOP  HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI  V= SULLIVAN; TIMOTHY W=	ent and title if applic	RS NOTE:	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST	Agent TLE AME TREET TLE AME TREET TLE TREET TLE TREET TLE TREET TLE TREET	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT CEOP  HILDEBRAND; WILLIARD R  1100 MILWAUKEE AVE.  SO MILWAUKEE WI  CFOV  SMOKE, DANIEL J  1100 MILWAUKEE AVE.  SO MILWAUKEE WI  V=  SULLIVAN; TIMOTHY: W:  4100 MILWAUKEE; AVENUE  SOUTH: MILWAUKEE; WI =  V	ent and title if applic	RS  [X] DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4. C	Agent TLE TLE TY-ST TLE TREET TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE TTY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT CEOP HILDEBRAND; WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY: W: 4100 MILWAUKEE; AVENUE SOUTH: MILWAUKEE; W! = V ONSAGER, MIKE G	ent and title if applic	RS  [X] DELETE  DELETE	13. 1.1 TΓ 1.2 NV 1.3 S1 1.4 CΓ 2.1 TΓ 2.2 NV 2.3 S1 2.4 C 3.1 TΓ 3.2 NV 3.3 S' 3.4 C 4.1 TΓ 4.2 N	Agent TLE AME TY-ST TLE AME TREET TLE TREET TTY-S' TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	OFFICERS AT CEOP HILDEBRAND; WILLIARD R 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W: 4100 MILWAUKEE; AVENUE SOUTH MILWAUKEE; WI = V ONSAGER, MIKE G 1100 MILWAUKEE AVE.	ent and title if applic	RS  [X] DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 S' 3.4 . C 4.1 TT 4.2 NV 4.3 S'	Agent TLE AME TY-ST TLE AME TREET TLE TREET TTY-S' TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT CEOP HILDEBRAND; WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY: W: 4100 MILWAUKEE; AVENUE SOUTH: MILWAUKEE; W! = V ONSAGER, MIKE G	ent and title if applic	RS  [X] DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 S' 3.4 . C 4.1 TT 4.2 NV 4.3 S'	Agent TLE AME TREET TLE AME TREET TTY-ST TLE AME TTY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	OFFICERS AT CEOP HILDEBRAND; WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SUELIVAN; TIMOTHY W: 4100-MILWAUKEE-AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI SO. MILWAUKEE WI SO. MILWAUKEE WI S	ent and title if applic	DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CT 3.1 TT 3.2 NV 3.3 ST 3.4 . CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT	Agent TLE AME TY-ST TLE AME TREET TLE TREET TLE THE TY-ST TLE TY-ST TLE TY-ST TLE TY-ST	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AT CEOP HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W= 4100-MILWAUKEE=AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI SOUTH MILWAUKEE WI	ent and title if applic	DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST 2.4 CT 3.1 TT 3.2 NV 3.3 ST 3.4 . CT 4.1 TT 4.2 NV 4.3 ST 4.4 CT 5.1 TT 5.2 NV	Agent TLE TY-SI TLE AME TREET TY-S TLE AME TTY-S TLE AME TTY-S TLE TTY-S TLE AME TTY-SI TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AT CEOP HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W= 4100-MILWAUKEE=AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI S MACKUS, CRAIG R 1100 MILWAUKEE AVE	ent and title if applic	DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 . C 4.1 TI 4. 2 N 4.3 S' 4.4 CI 5.1 TI 5.2 NV 5.3 S'	Agent TLE TY-SI TLE AME TREET TY-S TLE AME TTY-S TLE AME TTY-S TLE TTY-S TLE AME TTY-SI TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AT CEOP HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W= 4100-MILWAUKEE=AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI SOUTH MILWAUKEE WI	ent and title if applic	DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 . C 4.1 TI 4. 2 N 4.3 S' 4.4 CI 5.1 TI 5.2 NV 5.3 S'	Agent TLE TY-ST TLE AME TREET TILE AME TREET TY-ST TLE AME TREET TY-ST TLE TREET TY-ST TLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME _STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AT CEOP HILDEBRAND; WILLIARD R= 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV SMOKE, DANIEL J 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W= 4100-MILWAUKEE=AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI S MACKUS, CRAIG R 1100 MILWAUKEE AVE SO MILWAUKEE WI T	ent and title if applic	DELETE  DELETE  DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CC 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 S' 3.4 . CC 4.1 TT 4.2 NV 4.3 S' 4.4 CC 5.1 TT 5.2 NV 5.3 S' 5.4 CC	Agent TILE AME TREET TILE AME TREET TILE TY-S' TILE AME TY-S' TILE TY-S' TILE TY-S' TILE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AT CEOP HILDEBRAND; WILLIARD R- 1100 MILWAUKEE AVE. SO MILWAUKEE WI CFOV 1100 MILWAUKEE WI 1100 MILWAUKEE AVE. SO MILWAUKEE WI V= SULLIVAN; TIMOTHY W: 4100-MILWAUKEE-AVENUE SOUTH MILWAUKEE WI = V ONSAGER, MIKE G 1100 MILWAUKEE WI S MACKUS, CRAIG R 1100 MILWAUKEE AVE. SO MILWAUKEE WI S MACKUS, CRAIG R 1100 MILWAUKEE WI SO MILWAUKEE WI T	ent and title if applic	DELETE  DELETE  DELETE	13. 1.1 TI 1.2 NV 1.3 ST 1.4 CI 2.1 TI 2.2 NV 2.3 ST 2.4 C 3.1 TI 3.2 NV 3.3 S' 3.4 . C 4.1 TI 4.2 N 4.3 S' 4.4 CI 5.1 TI 5.2 NV 5.3 S' 5.4 CI 6.1 TI 6.2 NV	Agent ITLE AME IREET ITLE AME IREET ITLE ITLE AME ITLE ITLE AME ITLE AME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	CEO/I	ADDITI	ONS/CHAI				Change	Addition Addition Addition Addition

CITY-ST-ZIP S MILWAUKEE WI 53172 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 speciver 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.

6.4 CITY-ST-ZIP

UCRER FMackus/16ontroller & Secretary
ED NAME OF SIGNING OFFICER OR DIRECTOR

O

(414) 768-4828