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Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **827337** **(7)**

1. Corporation Name
HARNISCHFEGER CORPORATION

Principal Place of Business	Mailing Address
4400 W NATIONAL AVE MILWAUKEE WI 53201 US	3600 S LAKE DRIVE LEGAL DEPT ST FRANCIS WI 53235-3716 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1972**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: **39-0334430** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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: LEXIS DOCUMENT SERVICES INC.
82 Street Address (P.O. Box Number is Not Acceptable): 3953 W. W. KELLEY ROAD
83
84 City: TALLAHASSEE **FL** 85 Zip Code: 32311

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: Anthony E Mosby, asst sec. Lexis Document Services INC. 5/19/98
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HALE, ROBERT W		1.2 NAME	
STREET ADDRESS	4400 W NATIONAL AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	W MILWAUKEE WI		1.4 CITY-ST-ZIP	
TITLE	ASQ	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FONSTAD, ERIC B.		2.2 NAME	
STREET ADDRESS	3600 S LAKE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCIS WI		2.4 CITY-ST-ZIP	
TITLE	DC	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GRADE, J.T.		3.2 NAME	
STREET ADDRESS	3600 S LAKE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCIS WI		3.4 CITY-ST-ZIP	
TITLE	SVPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CORBY, FRANCIS M.		4.2 NAME	100002549861
STREET ADDRESS	3600 S LAKE DR		4.3 STREET ADDRESS	-06/05/98--01098--009
CITY-ST-ZIP	ST FRANCIS WI		4.4 CITY-ST-ZIP	***150.00
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FUHRMANN, EUGENE		5.2 NAME	
STREET ADDRESS	4400 W NATIONAL AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI		5.4 CITY-ST-ZIP	
TITLE	AT	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	STARK, KENNETH J.		6.2 NAME	
STREET ADDRESS	3600 S LAKE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP	ST FRANCIS WI		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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.

SIGNATURE: [signature] APRIL 27, 1998 (414)486-6435