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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 827337

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

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 / Country 24 / 25	Zip / Country 29 / 30

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

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLY ROAD
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
STREET ADDRESS	3600 S LAKE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST FRANCIS WI		4.4 CITY-ST-ZIP		
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		

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: _____ APRIL 14, 1999 (414) 486-6435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ERIC B. FONSTAD, ASST. SECRETARY

CR2E034 (11/98)