2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91557 046 ***150.00

DOCUMENT # 827337

1. Entity Name
HARNISCHFEGER CORPORATION

766855

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 554 Suite, Apt. #, etc.
City & State	City & State: MILWAUKEE, WI
Zip / Country	Zip: 53201 / Country: USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLY ROAD TALLAHASSEE FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HALE, ROBERT W 4400 W NATIONAL AVE W MILWAUKEE WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASQ FONSTAD, ERIC B. 3600 S LAKE DR ST FRANCIS WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASQ FONSTAD, ERIC B. 100 E. WISCONSIN AVE., STE. 2780 MILWAUKEE, WI 53202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HANSON, JOHN N 3600 S LAKE DRIVE SAINT FRANCIS WI 53235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HANSON, JOHN N 100 E. WISCONSIN AVE., STE. 2780 MILWAUKEE, WI 53202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOKEY, JAMES A 3600 S LAKE DR SAINT FRANCIS WI 53235	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHOKEY, JAMES A. 100 E. WISCONSIN AVE., STE. 2780 MILWAUKEE, WI 53202	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FUHRMANN, EUGENE 4400 W NATIONAL AVE MILWAUKEE WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT STARK, KENNETH J. 3600 S LAKE DR ST FRANCIS WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT STARK, KENNETH J. 4400 W. NATIONAL AVE. MILWAUKEE, WI 53204	☒ Change ☐ Addition

CR2E034 (10/00)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/18/01 414-319-8511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ERIC B. FONSTAD