

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90064 023 ***550.00

DOCUMENT # 827337

1. Entity Name
HARNISCHFEGER CORPORATION

Principal Place of Business

4400 W NATIONAL AVE
MILWAUKEE WI 53201
US

Mailing Address

PO BOX 554
MILWAUKEE WI 53201
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4400 W. National Avenue
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 554
 Suite, Apt. #, etc.
Attn: Legal Department

City & State

Milwaukee, Wisconsin

City & State

Milwaukee, Wisconsin

4. FEI Number 39-0334430

Applied For

Not Applicable

Zip

53214

Country

USA

Zip

53201

Country

USA

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of, registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **HALE, ROBERT W**
STREET ADDRESS **4400 W NATIONAL AVE**
CITY-ST-ZIP **W MILWAUKEE WI**

TITLE **ASQ** ☒ **Delete**
NAME **FONSTAD, ERIC B.**
STREET ADDRESS **100 E WISCONSIN AVE STE 2780**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **DC** ☒ **Delete**
NAME **HANSON, JOHN N**
STREET ADDRESS **100 E WISCONSIN AVE STE 2780**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **D** ☒ **Delete**
NAME **CHOKEY, JAMES A**
STREET ADDRESS **100 E WISCONSIN AVE STE 2780**
CITY-ST-ZIP **MILWAUKEE WI 53202**

TITLE **V** ☒ **Delete**
NAME **FUHRMANN, EUGENE**
STREET ADDRESS **4400 W NATIONAL AVE**
CITY-ST-ZIP **MILWAUKEE WI**

TITLE **AT** ☒ **Delete**
NAME **STARK, KENNETH J.**
STREET ADDRESS **4400 W. NATIONAL AVENUE**
CITY-ST-ZIP **MILWAUKEE WI 53204**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Eric B. Fonstad

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/05/02

Date

414-319-8512

Daytime Phone #

CR2E034 (4/02)

attachment
#827337

4400 W. National Avenue, Milwaukee, Wisconsin 53214
4400 W. National Avenue, Milwaukee, Wisconsin 53214
100 E. Wisconsin Ave., Suite 2780, Milwaukee, WI 53202
100 E. Wisconsin Ave., Suite 2780, Milwaukee, WI 53202

[illegible]