

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 045 ***150.00

DOCUMENT # F01000000742

1. Entity Name
CRANE AMERICA SERVICES, INC.



Principal Place of Business
**3440 OFFICE PARK DRIVE
KETTERING, OH 45439**

Mailing Address
**3440 OFFICE PARK DRIVE
KETTERING, OH 45439**

40006261



01132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1578427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MILTON, MATT
3440 OFFICE PARK DRIVE
KETTERING, OH 45439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERSCH, BILL
29201 AURORA ROAD
CLEVELAND, OH 44139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LINNEBACH, RUDY
29201 AURORA ROAD
CLEVELAND, OH 44139**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SHIVELY, TOM
3440 OFFICE PARK DRIVE
KETTERING, OH 45439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
MARSEE, STEVE
3440 OFFICE PARK DRIVE
KETTERING, OH 45439**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HORN, HERB
2350 REFUGEE ROAD
COLUMBUS, OH 43207**

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen F. Marsee 1/17/05 937-297-6526