

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**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**



01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>31-1578427</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

1100000395211  
01/26/06-80042-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/16/06 937-293-6526  
Date Daytime Phone #