


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 SEP 18 PM 2:33

<b>DOCUMENT # F01000000742</b>					
1. Entity Name <b>CRANE AMERICA SERVICES, INC.</b>					
Principal Place of Business <b>3440 OFFICE PARK DRIVE KETTERING, OH 45439</b>			Mailing Address <b>3440 OFFICE PARK DRIVE KETTERING, OH 45439</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07032007 Chg-P CR2E034 (12/06) 4. FEI Number <b>31-1578427</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON, MATT		NAME	Dr. Sankhorn	
STREET ADDRESS	3440 OFFICE PARK DRIVE		STREET ADDRESS	3440 Office Park	
CITY-ST-ZIP	KETTERING, OH 45439		CITY-ST-ZIP	Dayton OH 45439	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERSCH, BILL		NAME		
STREET ADDRESS	29201 AURORA ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINNEBACH, RUDY		NAME		
STREET ADDRESS	29201 AURORA ROAD		STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND, OH 44139		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVELY, TOM		NAME		
STREET ADDRESS	3440 OFFICE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KETTERING, OH 45439		CITY-ST-ZIP		
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSEE, STEVE		NAME	Jim Scurry	
STREET ADDRESS	3440 OFFICE PARK DRIVE		STREET ADDRESS	3440 Office Park	
CITY-ST-ZIP	KETTERING, OH 45439		CITY-ST-ZIP	Dayton OH 45439	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, HERB		NAME	Cress Taylor	
STREET ADDRESS	2350 REFUGEE ROAD		STREET ADDRESS	3957 Rosel Dr	
CITY-ST-ZIP	COLUMBUS, OH 43207		CITY-ST-ZIP	Alcoa TN 37701	
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: _____		J. Scurry		7/14/07 (937) 293-6526	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	