
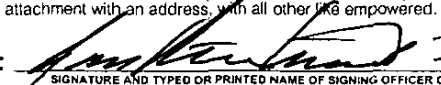


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90088 044 ***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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 31-1578427	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINKHORN, DAVE 3440 OFFICE PARK DRIVE DAYTON, OH 45439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERSCH, BILL 29201 AURORA ROAD CLEVELAND, OH 44139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINNEBACH, RUDY 29201 AURORA ROAD CLEVELAND, OH 44139	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SHIVELY, TOM 3440 OFFICE PARK DRIVE KETTERING, OH 45439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEURTEVANT, JIM 3440 OFFICE PARK DRIVE DAYTON, OH 45439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, GREGG 3957 REGAL DRIVE ALCOG, TN 37701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Paxton 3440 Office Park Dr Kettering OH 45439				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Harold Jones 3440 Office Park Dr Kettering OH 45439				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Sturtevant				
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 IIR empowered.					
SIGNATURE:  James Sturtevant 1/10/08 (937) 293-6526 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					