


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90013 050 ***150.00

DOCUMENT # F03000001552 1. Entity Name DEMAG CRANES & COMPONENTS CORP.					
Principal Place of Business 29201 AURORA ROAD SOLON, OH 44139			Mailing Address 3502 RIGA BLVD., SUITE C TAMPA, FL 33619		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232004 Chg-P CR2E034 (10/03)	
4. FEI Number 38-1804879				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 PERSCH, WILBERT 11314 ST. ANDREWS WAY CONCORD, OH 44077	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President John Paxton 5363 Park Vista Court Stow, Ohio 44224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAXTON, JOHN 5363 PARK VISTA COURT STOW, OH 44224	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President William Jepson 2180 North Kirtland Place Hudson, Ohio 44236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LINNEBACH, RUDOLPH 6663 SOLON BLVD. SOLON, OH 44139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRANZEN, HELMUT DR. POSTFACH 67, 58286 WETTER, RUHRSTRABE 28 58300 WETTER, FED REP GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Kraus Moll Postfach 67, 58286 Wetter, Ruhrstrabe 28 58300 Wetter, Fed, Rep. Germany	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD PACK, HEINRICH POSTFACH 67, 58286 WETTER, RUHRSTRABE 28 58300 WETTER, FED REP GERMANY,	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director John Paxton 5363 Park Vista Court Stow, Ohio 44224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, MATT 3440 OFFICE PARK DRIVE DAYTON, OH 45439	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____		R. Linnebach <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-30-04 <small>Date</small>	
				440-248-2400 <small>Daytime Phone #</small>	