

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90010 029 \*\*\*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**

60021142



01262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-1804879**

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, 2008 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	P PAXTON, JOHN 5363 PARK VISTA COURT STOW, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JEPSON, WILLIAM 2180 NORTH KIRTLAND PLACE HUDSON, OH 44236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LINNEBACH, RUDOLPH 6663 SOLON BLVD. SOLON, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAUS, MOLL POSTFACH 67, 58286 WETLER, RUHRSTRABE 28 WETTER, FED. REP. GERMANY, 58300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAXTON, JOHN 5363 PARK VISTA COURT STOW, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, MATT 3440 OFFICE PARK DRIVE DAYTON, OH 45439

**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

*V.P. of Finance*

2/10/06

Date

Daytime Phone #

440-248-2400