

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90010 020 ***150.00

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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**

DO NOT WRITE IN THIS SPACE



04242008 No Chg-P CR2E034 (11/05)

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	VP BARTH, BERNARD 2116 DEMI.DRIVE TWINSBURG, OH 44087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOOS, HAROLD POSTFACH 67, 58286 WETLER, RUHRSTRABE 28 WETTER, FED. REP. GERMANY, 58300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAXTON, JOHN 5363 PARIC VISTA COURT STOW, OH 44224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *B Barth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *4/24/08*

Daytime Phone #