F03000	101552
(Requestor's Name) (Address)	800296398978
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/21/1701019025 **35.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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NATIONAL SERVICE INFORMATION, INC. www.nsii.net

March 9, 2017

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed an envelope for you to return to me at your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 110$

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

> P.O. BOX 6293 145 BAKER STREET MARION, OHIO 43301-6293 (800) 235-0337 FAX (800) 382-1256 320 North Meridian Suite 817 Indianapolis, Indiana 46204-1724

AFFILIATE - NATIONAL REGISTERED AGENTS, INC.

COVER LETTER

TO: Amendment Section Division of Corporations

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TEREX MHPS CORP.

Name of Corporation

F03000001552

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JILL PROBST

Name of Contact Person

NATIONAL SERVICE INFORMATION, INC

Firm/Company

145 BAKER ST

Address

MARION, OHIO 43302

City/State and Zip Code

JAMEELAH.RICKS@KONECRANES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JILL PROBST	740	387-6806
at	()
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: TEREX MHPS CORP.

2. The principal office address:

29201 AURORA ROAD SOLON, OH 44139

The mailing address (if different):_____

4. Date of incorporation/qualification: 03/25/2003

200 NYALA FARM ROAD WESTPORT, CT 06880

Document number: F03000001552

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ж n oilicer or director

odel Robenson

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc. 1000 By: Signature of Registered Age

If signing on behalf of an entity:

1.0.0 St-Typed or Printed Name 15St. Secretar

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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