2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2007 8:00 am
Secretary of State
07-13-2007 90087 047 ***550.00

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1. Entity Name
ASC CONSTRUCTION EQUIPMENT USA, INC.

Principal Place of Business	Mailing Address
11425 REAMES ROAD CHARLOTTE, NC 28269	11425 REAMES ROAD CHARLOTTE, NC 28269

07052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9115 HARRIS CORNERS PKWY	9115 HARRIS CORNERS PKWY
Suite, Apt. #, etc.: SUITE 450	Suite, Apt. #, etc.: SUITE 450
City & State: CHARLOTTE NC	City & State: CHARLOTTE NC
Zip: 28269 Country:	Zip: 28269 Country:

4. FEI Number: 20-1862082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PC MIEIRO, RICARDO J 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC MIEIRO, RICARDO J 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COLACO, NUNO 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO COLACO, NUNO 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TCFO BRANNON, JAMES L 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRANNON, JAMES L 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MIEIRO, JOAO M 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC MIERO, JOAO M 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIEIRO, PAULO V 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIERO, PAULO V 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAUSTINO, RUI A 11425 REAMES ROAD CHARLOTTE, NC 28269	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAUSTINO, RUI A 9115 HARRIS CORNERS PKWY CHARLOTTE NC 28269	☑ Change ☐ Addition

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: James L Brannon SECRETARY 7-10-2007 704-494-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #