2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003462

City-St-Zip:

City-St-Zip:

Title:

Name: Address: STRAFFORD, PA 19047

ROHRBACH, LINDA

705 HIGHLAND AENUE

BOYERTOWN, PA 19512

() Delete

FILED Jan 10, 2007 Secretary of State

Entity Name: AMERICAN CRANE & EQUIPMENT CORPORATION **Current Principal Place of Business: New Principal Place of Business:** 531 OLD SWADE ROAD 531 OLD SWEDE ROAD DOUGLASBILLE, PA 19518 DOUGLASSVILLE, PA 19518 **Current Mailing Address: New Mailing Address:** 531 OLD SWADE ROAD 531 OLD SWEDE ROAD DOUGLASBILLE, PA 19518 DOUGLASSVILLE, PA 19518 FEI Number: 23-1872807 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CHRM () Delete Title: CHRM (X) Change () Addition BORHEIM, ODDVAR Name: Name: NORHEIM, ODDVAR 31 MORLATION ROAD 31 MORLATTON ROAD Address: Address: City-St-Zip: DOUGLASVILLE, PA 19518 City-St-Zip: DOUGLASSVILLE, PA 19518 Title: Title: (X) Change () Addition () Delete NORHEIM, ODDVAR NORHEIRN, ODDVAR Name: Name: 31 MORLATION ROAD 31 MORLATTON ROAD Address: Address: DOUGLASVILLE, PA 19518 DOUGLASSVILLE, PA 19518 City-St-Zip: City-St-Zip: Title: (X) Change () Addition VTD () Delete Title: VTD HOPE, DAVID S HOPE, DAVID S Name: Name: 252 NOREDALE AVE. 252 ROSEDALE AVE Address: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

STRAFFORD, PA 19047

() Change () Addition

SIGNATURE: DAVID S. HOPE **VTD** 01/10/2007