

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000000433

Entity Name
ONECRANES, INC.



Principal Place of Business
**4401 GATEWAY BLVD
SPRINGFIELD, OH 45502 US**

Mailing Address
**4401 GATEWAY BLVD
SPRINGFIELD, OH 45502 US**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0385722

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
201 HAYS STREET
ALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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)

U000000397545

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

01/30/06-80053-022 150.00

OFFICERS AND DIRECTORS

NAME	D
NAME	SOTHARD, TOM
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
NAME	V
NAME	MAYES, STEVE
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
NAME	S
NAME	D'AMBROSI, BERNIE JR
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
NAME	P
NAME	SMITH, DALE
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
NAME	VP
NAME	SHUMAKER, GUY D
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH 45502
NAME	D
NAME	VANARSDALL, CHARLES
STREET ADDRESS	4401 GATEWAY BLVD
CITY-ST-ZIP	SPRINGFIELD, OH

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IN THIS SPACE**

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

Date

Daytime Phone #

SA [Signature] for ONECRANES, INC. 6/24/06 (937) 328 5158