

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000433

Entity Name: KONECRANES, INC.

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

4401 GATEWAY BLVD
SPRINGFIELD, OH 45502 US

New Principal Place of Business:

Current Mailing Address:

4401 GATEWAY BLVD
SPRINGFIELD, OH 45502 US

New Mailing Address:

FEI Number: 76-0385722

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SOTHARD, TOM
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH 45502

Title: V () Delete
Name: MAYES, STEVE
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH 45502

Title: S () Delete
Name: D'AMBROSI, BERNIE JR
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH 45502

Title: P () Delete
Name: SMITH, DALE
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH 45502

Title: VP () Delete
Name: SHUMAKER, GUY D
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH 45502

Title: D () Delete
Name: SOTHARD, TOM
Address: 4401 GATEWAY BLVD
City-St-Zip: SPRINGFIELD, OH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: DARRYL MCCORMICK

CPA

01/17/2008

Electronic Signature of Signing Officer or Director

Date