FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:51

DOCUMENT # F94000001275 (6)

1. Corporation Name
MACGREGOR (USA) INC.

Principal Place of Business	Mailing Address
135 DERMODY CRAWFORD NJ 07016	135 DERMODY CRAWFORD NJ 07016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 20 CHAPIN ROAD	26 P.O. BOX 708
Suite, Apt. #, etc. 22 UNIT 1012	Suite, Apt. #, etc. 27
City & State 23 PINE BROOK NJ.	City & State 28 PINE BROOK, NJ.
Zip / Country 24 07058 / 25 USA	Zip / Country 29 07058 / 30 USA

4. FEI Number: 31-1359856 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	ALBINO, JOHN A	1.2 NAME	
STREET ADDRESS	50 CHESTNUT RIDGE ROAD	1.3 STREET ADDRESS	20 CHAPIN ROAD UNIT 1012
CITY-ST-ZIP	MONTVALE NJ 07645	1.4 CITY-ST-ZIP	PINE BROOK, NJ. 07058
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	BORESEN, GLENN	2.2 NAME	
STREET ADDRESS	8500 LEESBURG PIKE, TYSONS CORNER, #102	2.3 STREET ADDRESS	
CITY-ST-ZIP	VIENNA VA 21282	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, DENNIS	3.2 NAME	
STREET ADDRESS	22787 US HWY. 98, BLDG. B, STE. 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRHOPE AL 36532	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☒ Change ☐ Addition
NAME	HEDGER, THOMAS C	4.2 NAME	
STREET ADDRESS	135 DERMODY ST.	4.3 STREET ADDRESS	20 CHAPIN ROAD UNIT 1012
CITY-ST-ZIP	CRAWFORD NJ 07016	4.4 CITY-ST-ZIP	PINE BROOK, N.J. 07058
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WIDE, PETER	5.2 NAME	
STREET ADDRESS	MAC GREGOR HAGGLUNDS AB, 2-891 85	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORNSKOLDSVIK, SWEDEN	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, BJORN	6.2 NAME	
STREET ADDRESS	FISKHANSGATAN 2, BOX 4113, S-400 40	6.3 STREET ADDRESS	
CITY-ST-ZIP	GOTHENBURG, SWEDEN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas C. Hedger 1/20/95 (201) 244-4100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0304343 FP