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

APPROVED AND FILED

95 APR 21 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004376 (9)**

1. Corporation Name

CRANE INSPECTION & CERTIFICATION BUREAU INC.

Principal Place of Business	Mailing Address
~~PO BOX 6387~~ ~~PARSIPPANY NJ 07054-6387~~	~~PO BOX 6387~~ ~~PARSIPPANY NJ 07054-6387~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/23/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 333 Thornall St.
22 Suite, Apt. #, etc:
23 City & State: Edison NJ
24 Zip: 08818
25 Country: USA

2a. Mailing Address
26: 42 Broadway
27 Suite, Apt. #, etc: 20th Fl
28 City & State: New York NY
29 Zip: 10004
30 Country: USA

4. FEI Number: APPLIED FOR 22-3313272 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	PT	11 TITLE	P.T. CEO	☑ Change ☐ Addition
NAME	GUERRERIO, RICHARD	12 NAME	Richard Guerrerio	
STREET ADDRESS	1415 PARK AVENUE	13 STREET ADDRESS	333 Thornall St	
CITY-ST-ZIP	HOBOKEN NJ 07030	14 CITY-ST-ZIP	Edison NJ 08818	
TITLE	S	21 TITLE	Sec	☑ Change ☐ Addition
NAME	SATRIANO, ANITA	22 NAME	Mari Mahoney	
STREET ADDRESS	1415 PARK AVENUE	23 STREET ADDRESS	333 Thornall St	
CITY-ST-ZIP	HOBOKEN NJ 07030	24 CITY-ST-ZIP	Edison NJ 08818	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	ELKIN, KENNETH	32 NAME		
STREET ADDRESS	1415 PARK AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	HOBOKEN NJ 07030	34 CITY-ST-ZIP		
TITLE		41 TITLE	Asst Treas	☐ Change ☑ Addition
NAME		42 NAME	Peter Ender	
STREET ADDRESS		43 STREET ADDRESS	42 Broadway	
CITY-ST-ZIP		44 CITY-ST-ZIP	New York NY 10004	
TITLE		51 TITLE	Asst Sec.	☐ Change ☑ Addition
NAME		52 NAME	R.K. Bridwell	
STREET ADDRESS		53 STREET ADDRESS	9 Campus Dr.	
CITY-ST-ZIP		54 CITY-ST-ZIP	Parsippany NJ 07054	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Peter Ender, Asst Treas 4-13-95 212-804-4780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004434 FP