## 2004 FOR PROFIT CORPORATION

## Jan 12, 2004 8:00 am **Secretary of State ANNUAL REPORT** 01-12-2004 90011 049 \*\*\*150.00 DOCUMENT # F98000002902 **CROWN EQUIPMENT CORPORATION** 44001052 Principal Place of Business Mailing Address 40 SOUTH WASHINGTON ST. 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 NEW BREMEN, OH 45869 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) Applied For City & State City & State 4 FEI Number 34-4412691 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 8. 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D Change TITLE TITLE ■ Addition ☐ Delete DICKE, JAMES F I NAME NAME STREET ADDRESS 40 SOUTH WASHINGTON ST. STREET ADDRESS NEW BREMEN, OH 45869 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME DICKE, JAMES FII NAME STREET ADDRESS 40 SOUTH WASHINGTON ST. STREET ADDRESS NEW BREMEN, OH 45869 CITY-ST-ZIP CITY-ST-ZIP Detete Change ☐ Addition TITLE TITLE DICKE, JAMES F III NAME 40 SOUTH WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH 45869 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WEBSTER, WARREN II NAME 40 SOUTH WASHINGTON ST. STREET ADDRESS STREET ADORESS NEW BREMEN, OH 45869 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MORAN, JAMES D NAME 40 SOUTH WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW BREMEN, OH 45869 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME SMITH, BRADLEY L NAME STREET ADDRESS 40 SOUTH WASHINGTON ST STREET ADDRESS

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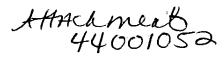
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NEW BREMEN, OH 45869

CITY-ST-ZIP

JAN 07 2004*419-629-2311* 

CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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



2004 FOR PROFIT CORPORATION ANNUAL REPORT

|   | ANNU   | AL REPO                                    | <u>RT</u>                                       |  |                         |                 |   | ·—   |                   | _               |                       |
|---|--|--|---|--|-------------------------|-----------------|---|--|-------------------|-----------------|-----------------------|
| DOCUMENT # F98000002902                               |  |  |   |  |                         |                 |   | Pad  | ₹ <b>?</b>        | 2               | 20                    |
| 1. Entity Name CROWN EQUIPMENT CORPORATION            |  |  |   |  |                         |                 |   | _  | 7                 |                 |                       |
| Principal Place of Business Mailing Address           |  |  |   |  |                         |                 |   |  |                   |                 |                       |
| 40 SOUTH WASHINGTON ST. 40                            |  |  | 40 SOUTH WASHINGTON ST.<br>NEW BREMEN, OH 45869 |  |                         |                 |   |  |                   |                 |                       |
| Principal Place                                       | of Rusiness  | 3. Mailing Ad                              | ddress  |  |                         |                 |   |  |                   |                 |                       |
| 2. Principal Place of Business 3. Mailir              |  |  |   |  |                         | 1 1001100 010 1 | ETRI 18111 EZIK BATIL ES                | II EURI QERU W                             | 18 1814 86116 WEI | 20i W 1681      |                       |
| Suite, Apt. #, e                                      | tc.  | Suite, Apt.                                | Suite, Apt. #, etc.                             |  |                         | 1               | 01052004                                | Chg-P                                      | CR2E0             | 34 (10/03)      |                       |
| City & State  |  | City & Star                                | City & State                                    |  |                         |                 | 4. FEI Number 34-4412                   |  |                   |                 | olied For<br>Applicab |
| Zîp   | Country  |  | Zip Count                                       |  |                         |                 |   |  |                   | \$8.75 Addi     | tional                |
|   | 6. Name and Address of Cur   | rent Registered Age                        | Registered Agent                                |  |                         | ·               | 7. Name and                             | Address of New F                           |                   | Fee Required    |                       |
|   |  |  | <u> </u>  |  | Name                    |                 |   |  |                   |                 |                       |
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD |  |  |   | Street Address (P.O. Box Number is Not Acceptable) |                         |                 |   |  |                   |                 |                       |
| PLANTATION  | l, FL 33324  |  |   |  |                         |                 |   |  |                   |                 | •                     |
|   |  |  |   |  | City                    |                 |   |  | FL.               | Zip Code        | )                     |
| FILE N  | ature, typed or printed name of registered  IOWILL FEE IS \$150.00  1, 2004 Fee will be \$5  | 9. Ele                                     | (NOT<br>ection Campa<br>ust Fund Con            | aign Finar   | ncing _                 | <b>\$</b> 5.    | when reinstating)  OO May Be ed to Fees |  | DATE              |                 |                       |
| <del></del>   |  | 30.00                                      |   |  |                         |                 |   | CHANGES TO OF                              | ICEDS AND         | DIRECTOR        | 164 4 4               |
| IO.   | Orricans   | AND DIRECTORS                              | ☐ Delete  | 11.  |                         | V               |   |  |                   | Channe          | Addit                 |
| AME .   |  |  |   | NAM  |                         | Lua             | ebrecht,                                | Donald<br>lashingto<br>en OH               | IE,               | _+              | ,                     |
| TREET ADDRESS   |  |  |   |  | EET ADORESS<br>'-St-Zip | 40              | South W                                 | ashing to                                  | 452               | 25 ·            |                       |
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| IAME .  |  | •  | _ 00.00   | NAM  | IÉ                      | Ma              | xa Joh                                  | ashington                                  | ctore             | Ŧ               |                       |
| TREET ADORESS   |  |  |   | - 1  | EET ADDRESS<br>-ST-ZIP  | 405             | south Wa                                | 75hing/00                                  | WERK              | ,<br>C          |                       |
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| AME   |  |  |   |  | (E                      | Tat.            | פ שטלה                                  | -E-,                                       |                   |                 | <del></del>           |
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| TREET ADDRESS   | -  | -  |   | 4  | EET ADDRESS             | 40 5            | South W                                 | oshingtor                                  | . 5/              | - 40            |                       |
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| TREET ADDRESS   |  |  |   |  | EET ADDRESS             | 40              | South W.                                | ashington                                  | <i>ST</i> .       |                 |                       |
| ITY-ST-ZIP  |  |  |   | CIT  | Y-ST-ZIP                | Mer             | w Brem                                  | en, OH                                     | 4586              | <u> </u>        | حد                    |
| THE   |  |  | ☐ Delete  | TITI<br>NAM  |                         | Y,              | ٠ - (                                   | , R  |                   | ☐ Change        | Addi                  |
| NAME<br>STREET ADDRESS                                |  |  |   |  | NE<br>LEET ADDRESS      | 40              | South h                                 | lashingt                                   | 5n 51             | reet            |                       |
| CITY-ST-ZIP   |  |  |   | CIT  | Y - ST - ZIP            | Ιλ⁄ϩ            | W KSSOW                                 | <u>180 071</u>                             | 458               | 69_             |                       |
| indicated on<br>of the corpor<br>changed, or          | ify that the information supplie<br>this report or supplemental re<br>ation or the receiver or trustee<br>on an attachment with an add | port is true and accu<br>empowered to exec | irate and that<br>oute this repo                | t my signa<br>irt as requ                          | aturo chall I           | ited in Se      | ection 119.07(3)(                       | i), Florida Statutes<br>if as if made unde | roain: mai i      | am an onice     | OF UNECK              |
| SIGNATU   | SIGNATURE AND TYPE   | ED OR PRINTED NAME OF                      | SIGNING OFFICE                                  | A OR DIREC   | CTOR                    |                 |   | Date                                       |                   | Daytime Phone # |                       |

| attachments<br>44001052  |  |  |   |   |  |  |  |  |  |  |
|--|--|--|---|---|--|--|--|--|--|--|
| 2004 FOR PROFIT CORPORATION ANNUAL REPORT  |  |  |   |   |  |  |  |  |  |  |
| DOCU!  | MENT # £98000002   | 2902   |   | P 3 & 3   |  |  |  |  |  |  |
| CROWN  | EQUIPMENT CORPORATI  | ON   |   | Page 3 of 3   |  |  |  |  |  |  |
| Principal Place<br>40 SOUTH WI<br>NEW BREMEN   | ASHINGTON ST.  | Mailing Address<br>40 SOUTH WASHINGTON<br>NEW BREMEN, OH 458 |   |   |  |  |  |  |  |  |
| 2. Principal Pl  | ace of Business  | 3. Mailing Address   |   |   |  |  |  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   | 01052004 Chg-P CR2E034 (10/03)  |  |  |  |  |  |  |
| City & State   |  | City & State   |   | 4. FEI Number Applied For 34-4412691 Not Applicable   |  |  |  |  |  |  |
| Zip  | Country  | ntry Zip C   |   | 5. Certificate of Status Desired Fee Required Fee Required  |  |  |  |  |  |  |
| 1200 SOU   | 6. Name and Address of Current ORATION SYSTEM TH PINE ISLAND ROAD ON, FL 33324 | Hegistered Agent   | Name<br>Street Address                    | 7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)   |  |  |  |  |  |  |
| City FL Zip Code  8. 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                           |  | Registered Agent signature requ           |   |  |  |  |  |  |  |
|  | E NOWIII FEE IS \$150.00<br>ay 1, 2004 Fee will be \$550.                      |  |   | \$5.00 May Be<br>Added to Fees  |  |  |  |  |  |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | OFFICERS AND   | DIRECTORS  Delete  | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    Change   Addition     Addition     South Washington Street   Kew Bremen  |  |  |  |  |  |  |
| TITLE<br>NAME  |  | ☐ Delete   | TITLE V                                   | iekamp, Randall W. Change Addition  |  |  |  |  |  |  |
| STREET ADORESS<br>City-St-Zip  |  |  | STREET ADDRESS 4/C                        | lew Bremen, OH 45869  |  |  |  |  |  |  |
| NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | allagher-Michael Change Maddition  allagher-Michael  South Washington St.  WRENER OH 45869  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADORESS  |  | ☐ Delete   | TITLE NAME STREET ADDRESS                 | Quellhorst, Timothy, Change Addition  South Washington St.  |  |  |  |  |  |  |
| TITLE NAME STREET ADDRESS  |  | ☐ Delete   | STREET ADDRESS                            | Vew Bremen, 041 45869 Thange & Addition Ticke, Jennifer S   |  |  |  |  |  |  |
| CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS   |  | ☐ Detete   | CITY-S1-ZIP  TITLE  NAME  STREET ADDRESS  | en Bremen OH 45867  Change DAddillon  |  |  |  |  |  |  |
| 12. I hereby of indicated  | on this report or supplemental report  | is true and accurate and that i                              | r the exemption stated in                 | Premen OH 45867  In Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 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:   |  |  |   |   |  |  |  |  |  |  |
| L  |  |  |   |   |  |  |  |  |  |  |