


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90011 049 ***150.00

DOCUMENT # F98000002902

1. Entity Name
CROWN EQUIPMENT CORPORATION



Principal Place of Business
**40 SOUTH WASHINGTON ST.
 NEW BREMEN, OH 45869**

Mailing Address
**40 SOUTH WASHINGTON ST.
 NEW BREMEN, OH 45869**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

44001052



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
34-4412691

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKE, JAMES F I 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKE, JAMES F II 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKE, JAMES F III 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, WARREN II 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, JAMES D 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, BRADLEY L 40 SOUTH WASHINGTON ST NEW BREMEN, OH 45869 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 changed, or on an attachment with an address, with all other like empowered.


SIGNATURE: Bradley L. Smith JAN 07 2004 419-629-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment
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2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01052004 Chg-P CR2E034 (10/03)			
4. FEI Number 34-4412691				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Luebrecht, Donald E.			
STREET ADDRESS			STREET ADDRESS	40 South Washington Street			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Maxa, John G			
STREET ADDRESS			STREET ADDRESS	40 South Washington Street			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Tate, John E.			
STREET ADDRESS			STREET ADDRESS	40 South Washington Street			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Kerr, David S.A.			
STREET ADDRESS			STREET ADDRESS	40 South Washington St			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Spille, Kent W.			
STREET ADDRESS			STREET ADDRESS	40 South Washington St.			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			NAME	Ellis, James B.			
STREET ADDRESS			STREET ADDRESS	40 South Washington Street			
CITY-ST-ZIP			CITY-ST-ZIP	New Bremen, OH 45869			
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SIGNATURE: _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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City & State		City & State			
Zip		Country		Zip	
Country		Country		4. FEI Number 34-4412691	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Manuel, Mark A. 40 South Washington Street New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Niekamp, Randall W. 40 South Washington Street New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Gallagher, Michael 40 South Washington St. New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Quellhorst, Timothy 40 South Washington St. New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>AT Dicke, Jennifer S. 40 South Washington St. New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>AS Herr, J. Michael 40 South Washington St New Bremen, OH 45869</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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