

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKE, JAMES F I 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKE, JAMES F II 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DICKE, JAMES F III 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBSTER, WARREN II 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, JAMES D 40 SOUTH WASHINGTON ST. NEW BREMEN, OH 45869
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SMITH, BRADLEY L 40 SOUTH WASHINGTON ST NEW BREMEN, OH 45869

U00000383027
 01/12/06-80031-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Samuel J. Ford Assistant Sec. **JAN 06 2006** 419-629-2311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #