

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90528 037 ***150.00

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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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-4412691**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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
**CCEO
DICKE, JAMES F
40 SOUTH WASHINGTON ST.
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Dicke, James F.
40 South Washington St.
New Bremen, OH 45869** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPT
DICKE, JAMES F II
40 SOUTH WASHINGTON ST.
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director - CEO
Dicke, James F. II
40 South Washington St.
New Bremen, OH 45869** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
DICKS, JAMES III
40 SOUTH WASHINGTON ST.
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, President
Dicke, James F. III
40 South Washington
New Bremen, OH 45869** Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WEBSTER, WARREN II
40 SOUTH WASHINGTON ST.
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MORAN, JAMES D
40 SOUTH WASHINGTON ST.
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
SMITH, BRADLEY L
40 SOUTH WASHINGTON ST
NEW BREMEN OH 45869** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change 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* **REQ** **Bradley L. Smith** **JAN 23 2003** **419-629-2311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)