2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2012
Secretary of State

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Entity Name: ALTAQUIP LLC

Current Principal Place of Business:

C/O LEGAL DEPT
28800 CLEMENS RD
WESTLAKE, OH 44145

New Principal Place of Business:

Current Mailing Address:

C/O LEGAL DEPT
28800 CLEMENS RD
WESTLAKE, OH 44145

New Mailing Address:

FEI Number: 38-3689327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: MCBRIDE, ROBERT D
Address: 2880O CLEMENS RD
City-St-Zip: WESTLAKE, OH 44145

Title: VPGM
Name: WIDOWFIELD, JAMES
Address: 11135 ASHBURN STREET
City-St-Zip: FOREST PARK, OH 45240

Title: VPS
Name: SCANLON, PATRICIA M
Address: 28800 CLEMENS RD
City-St-Zip: WESTLAKE, OH 44145

Title: T
Name: GRETTA, JOHN W
Address: 28800 CLEMENS RD
City-St-Zip: WESTLAKE, OH 44145

Title: AT
Name: TRNIAN, MICHAEL P
Address: 28800 CLEMENS RD
City-St-Zip: WESTLAKE, OH 44145

Title: AS
Name: WALLACE, MARY ANN
Address: 28800 CLEMENS RD
City-St-Zip: WESTLAKE, OH 44145

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: PATRICIA M. SCANLON VPS 04/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date