

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26644

FILED
Jul 01, 2009
Secretary of State

Entity Name: AMERICAN CRANE AND TRACTOR PARTS, INC.

Current Principal Place of Business:

2200 STATE LINE ROAD
KANSAS CITY, KS 66103

New Principal Place of Business:

Current Mailing Address:

2200 STATE LINE ROAD
KANSAS CITY, KS 66103

New Mailing Address:

FEI Number: 43-1451746

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: STACY, KENNETH P
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

Title: VD () Delete
Name: TERAN, CARLOS
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: MAZZOTTA, SALVO
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: BORCHI, FILIPPO
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: BORCHI, STEFANO
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

Title: D () Delete
Name: FIORNELLI, GIORGIO
Address: 2200 STATE LINE ROAD
City-St-Zip: KANSAS CITY, KS 66103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIRK TALPERS

ACON

07/01/2009

Electronic Signature of Signing Officer or Director

Date