

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27488** (6)
1. Corporation Name
ESSEX CRANE INC.



Principal Place of Business Mailing Address
777 Terrace Ave.
HASBROUCK HEIGHTS NJ 07070
P.O. BOX 286
FORT LEE NJ 07024

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 Terrace Ave Suite, Apt. #, etc. 22 City & State 23 Hasbrouck Hgts, NJ Zip Country 24 07604 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 12/27/1989	
		4. FEI Number 22-2995683		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **5/20/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANO, VINCENT A.	1.2 NAME	
STREET ADDRESS	500 ROUTE 17 SOUTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANO, CHRISTOPHER J.	2.2 NAME	
STREET ADDRESS	500 ROUTE 17 SOUTH	2.3 STREET ADDRESS	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORANO, JOSEPH A.	3.2 NAME	
STREET ADDRESS	500 ROUTE 17 SOUTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	HASBROUCK HEIGHTS NJ 07070	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carl F. Morano	4.2 NAME	
STREET ADDRESS	777 Terrace Ave.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Hasbrouck Heights, NJ 07604	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)