

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0800000319

**Entity Name:** CRANE CONTRACTORS LLC

**Current Principal Place of Business:**

6707 FLETCHER CREEK COVE  
MEMPHIS, TN 38133

**Current Mailing Address:**

330 W. SPRING STREET  
SUITE 200  
COLUMBUS, OH 43215 US

**FEI Number:** 26-1219637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            ZIMINSKI, JAMES E.  
Address        4777 WESTERVILLE ROAD  
City-State-Zip: WESTERVILLE OH 43231

Title            TREASURER  
Name            UTRUP, CHAD M.  
Address        330 W. SPRING STREET  
                 SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title            ASST. TREASURER  
Name            MATTHEWS, ASHLEY A.  
Address        330 W. SPRING STREET  
                 SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title            SECRETARY  
Name            MURRY, CHRISTINE A. ESQ.  
Address        330 W. SPRING STREET  
                 SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title            ASST. SECRETARY  
Name            MILLER, TIMOTHY T. ESQ.  
Address        330 W. SPRING STREET  
                 SUITE 200  
City-State-Zip: COLUMBUS OH 43215

Title            VICE PRESIDENT OF FINANCE  
Name            MCINTYRE, CHRISTOPHER J.  
Address        4777 WESTERVILLE ROAD  
City-State-Zip: WESTERVILLE OH 43231

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTINE A. MURRY

**SECRETARY**

**04/05/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date