

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825247

Entity Name: COLUMBUS MCKINNON CORPORATION

Current Principal Place of Business:

205 CROSSPOINT PARKWAY
GETZVILLE, NY 14068

Current Mailing Address:

205 CROSSPOINT PARKWAY
GETZVILLE, NY 14068 US

FEI Number: 16-0547600

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

FILED
Feb 23, 2023
Secretary of State
3912295092CC

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

Officer/Director Detail :

Title SECRETARY
Name KORMAN, ALAN
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title VP, TREASURER, CFO
Name RUSTOWICZ, GREGORY
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title PRESIDENT, DIRECTOR
Name WILSON, DAVID
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name MITTS, HEATH
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name MCCARTHY, LIAM
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name BELIVEAU-DUNN, JEANNE
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name PINCHUK, NICHOLAS
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name ROEDEL, KATHRYN
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

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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 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 all other like empowered.

SIGNATURE: ALAN S. KORMAN

SECRETARY

02/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLEMING, RICHARD
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name AGHILI, AZIZ
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068

Title DIRECTOR
Name DASTOOR, MICHAEL
Address 205 CROSSPOINT PARKWAY
City-State-Zip: GETZVILLE NY 14068