

1.) CORPORATION NAME:

Bucyrus America, Inc.

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 285
GLEN ALLEN, VA**

SCC ID NO: **F1076886**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2045 W PIKE STREET

CITY/ST/ZIP: HOUSTON, PA 15342

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: CHRISTOPHER C CURFMAN TITLE: PRESIDENT ADDRESS: 6744 S HOWELL AVENUE CITY/ST/ZIP/CO: OAK CREEK, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James A J Nickolas TITLE: TREASURER ADDRESS: 6744 S HOWELL AVENUE CITY/ST/ZIP/CO: OAK CREEK, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Leslie S. Zmugg TITLE: SECRETARY ADDRESS: 6744 S. Howell Avenue CITY/ST/ZIP/CO: PO Box 267 Oak Creek, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Gregory R. Hepler TITLE: ASST TREASURER ADDRESS: 6744 S. Howell Avenue CITY/ST/ZIP/CO: PO Box 267 Oak Creek, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Elizabeth W. Ream TITLE: ASST SECRETARY ADDRESS: 6744 S. Howell Avenue CITY/ST/ZIP/CO: PO Box 267 Oak Creek, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: J.P. Kumar TITLE: ASST SECRETARY ADDRESS: 6744 S. Howell Avenue CITY/ST/ZIP/CO: PO Box 267 Oak Creek, WI 53154</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kelly G. Stachnik ASST SECRETARY 6744 S. Howell Avenue PO Box 267 Oak Creek, WI 53154	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robin D. Beran ASST TREASURER 100 N.E. Adams Street Peoria, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jody A. Foster ASST SECRETARY 100 N.E. Adams Street Peoria, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Kelly G. Stachnik	Kelly G. Stachnik,	6/10/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			