

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215516131

1.) CORPORATION NAME:

ALL ERECTION & CRANE RENTAL CORP.

DUE DATE: **5/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F1511759**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4700 ACORN DRIVE

CITY/ST/ZIP: CLEVELAND, OH 44131

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.

NAME:	MICHAEL L LIPTAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	LAWRENCE J LIPTAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	JEROME LIPTAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	JOHN M SIVAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/CNTR/AS		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	MARVINE LIPTAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	MICHAEL C LIPTAK, JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/CEO		
ADDRESS:	4700 ACORN DRIVE		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME: DOUGLAS A DIMOND TITLE: ASST SECRETARY ADDRESS: 4700 ACORN DRIVE CITY/ST/ZIP/CO: CLEVELAND, OH 44131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAWRENCE M LIPTAK TITLE: ASST. CNTR ADDRESS: 4700 ACORN DRIVE CITY/ST/ZIP/CO: CLEVELAND, OH 44131	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHAD SHAMBLIN TITLE: ASST SECRETARY ADDRESS: 4700 ACORN DRIVE CITY/ST/ZIP/CO: CLEVELAND, OH 44131	<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/ DOUGLAS A DIMOND SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DOUGLAS A DIMOND, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	4/27/2015 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.		