

|  |   |       |            |        |       |
|--|---|-------|------------|--------|-------|
| 1.) CORPORATION NAME:<br><b>Crane 1 Services, Inc.</b>   | DUE DATE: <b>5/31/2014</b>  |       |            |        |       |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:<br><b>CT CORPORATION SYSTEM<br/>4701 COX ROAD, SUITE 285<br/>GLEN ALLEN, VA</b> | SCC ID NO: <b>F1750506</b>  |       |            |        |       |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE:<br><b>HENRICO COUNTY</b>   | 5.) STOCK INFORMATION<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,500</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 1,500 |
| CLASS  | AUTHORIZED  |       |            |        |       |
| COMMON   | 1,500   |       |            |        |       |
| 4.) STATE OR COUNTRY OF INCORPORATION:<br><b>OH</b>  |   |       |            |        |       |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 550 CONOVER DR  
CITY/ST/ZIP: FRANKLIN, OH 45005

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: MATTHEW C MILTON<br>TITLE: PRESIDENT<br>ADDRESS: 550 CONOVER DR<br>CITY/ST/ZIP/CO: FRANKLIN, OH 45005          | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DONALD E ELLIOTT, JR<br>TITLE: VICE PRESIDENT<br>ADDRESS: 550 CONOVER DR<br>CITY/ST/ZIP/CO: FRANKLIN, OH 45005 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEVEN R HARRIS<br>TITLE: VP-SALES & MKTG<br>ADDRESS: 550 CONOVER DR<br>CITY/ST/ZIP/CO: FRANKLIN, OH 45005     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: HERBERT E HORN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 550 CONOVER DR<br>CITY/ST/ZIP/CO: FRANKLIN, OH 45005       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: STEPHEN F MARSEE<br>TITLE: VP FIN/TREAS<br>ADDRESS: 550 CONOVER DRIVE<br>CITY/ST/ZIP/CO: FRANKLIN, OH 45005    | <input checked="" type="checkbox"/> OFFICER | <input checked="" 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/ STEPHEN F MARSEE                                | STEPHEN F MARSEE, VP<br>FIN/TREAS | 5/29/2014 |
| 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.