



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 272556		2. Exact name of the limited liability company MORROW EQUIPMENT COMPANY, L.L.C.	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island LEASE/SERVICE/SALE TOWER CRANES AND PERSONNEL HOISTS	
5. Principal office address 3218 PRINGLE ROAD S.E.		City SALEM	State OREGON
		Zip 97302	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHRISTIAN CHALUPNY		Contact Title PRESIDENT	
Street Address P. O. BOX 3306		City SALEM	State OREGON
		Zip 97302	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT <input type="checkbox"/>			
Manager Name JOHN A. MORROW		Manager Name CHRISTIAN CHALUPNY	
Street Address 3218 PRINGLE ROAD S.E.		Street Address 3218 PRINGLE ROAD S.E.	
City SALEM	State OREGON	City SALEM	State OREGON
Zip 97302		Zip 97302	
Manager Name RICHARD E. MORROW		Manager Name	
Street Address 3218 PRINGLE ROAD S.E.		Street Address	
City SALEM	State OREGON	City	State
Zip 97302		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name NATIONAL REGISTERED AGENTS, INC.		Address	
Address 222 JEFFERSON BLVD., SUITE 200		City WARWICK	Zip 02888

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9-2-08
Check No.	159182
By	MRC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Christian Chalupny **8-7-08**
Signature of Authorized Person Date
CHRISTIAN CHALUPNY, MGR/PRESIDENT
Print or Type Name of Authorized Person