STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No	*2. Name of Corporation*			
70281	CARON COMPACTOR CO.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1204 Ullrey Ave		Escalon	CA	95320
4. Business Phone No	*5. State of Incorporation*			*6. SIC Code*
2098382062	CALIFORNIA			2618

7. Brief Description of the Character of Business Conducted in Rhode Island
DEAL IN COMPACTION EQUIPMENT.

8. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
James O Caron			Judy S Caron		
Street Address			*Street Address*		
1204 Ullrey Ave			1204 Ullrey Ave		
City	*State*	*Zip*	*City*	*State*	*Zip*
Escalon	CA	95320	Escalon	CA	95350
Secretary Name			*Treasurer Name*		
Robert J Delsol					
Street Address			*Street Address*		
7390 Starr Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
Windsor	CA	95492			

9. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
James O Caron			Robert J Delsol		
Street Address			*Street Address*		
1204 Ullrey Ave			7390 Starr Road		
City	*State*	*Zip*	*City*	*State*	*Zip*
Escalon	CA	95320	Windsor	CA	95492
Director Name			*Director Name*		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class Series*	*Par Value*
1,000,000 COMM NO PAR VALUE		

11. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class Series*	*Par Value*
761,970	COMMON	NO PAR VALUE

This report must be ***signed in ink*** *by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] [redacted]

70281 FBC 03/11/05 04:36:17 PM
Fee Date 6/20/05
Check No 4301
By DA
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.

Signature of Officer — *Date* 3/11/05

James O Caron
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 65 - 2 Cl

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● *Filing Fee: $50.00*

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No.	*2. Name of Corporation*
70281	CARON COMPACTOR CO.

3 Street Address Principal Business Office	*City*	*State*	*Zip*
809 SYLVAN AVENUE, SUITE 500	MODESTO	CA	95350

4 Business Phone No	*5. State of Incorporation*	*6. SIC Code*
2095789514	CALIFORNIA	2618

7 Brief Description of the Character of Business Conducted in Rhode Island
DEAL IN COMPACTION EQUIPMENT.

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	*Vice President Name*
JAMES O. CARON	JUDITH S. CARON
Street Address	*Street Address*
809 SYLVAN AVE, STE 500	800 SYLVAN AVE, STE 500
City / *State* / *Zip*	*City* / *State* / *Zip*
MODESTO / CA / 95350	MODESTO / CA / 95350
Secretary Name	*Treasurer Name*
ROBERT DELSOL	
Street Address	*Street Address*
1425 LEIMERT BLVD, STE 400	
City / *State* / *Zip*	*City* / *State* / *Zip*
OAKLAND / CA / 94602	

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	*Director Name*
JAMES O. CARON	ROBERT DELSOL
Street Address	*Street Address*
809 SYLVAN AVE, STE 500	1425 LEIMERT BLVD
City / *State* / *Zip*	*City* / *State* / *Zip*
MODESTO / CA / 95350	OAKLAND / CA / 94602
Director Name	*Director Name*
Street Address	*Street Address*
City / *State* / *Zip*	*City* / *State* / *Zip*

RECEIVED
2004 OCT 8 AM 10:14
SECRETARY OF STATE
CORPORATIONS DIVISION

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 7 0 2 8 1 [redacted]

70281 FBC 10/04/04 01:45:18 PM

File Date 10.4.04

Check No 3631

By dc

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.

Judith S Caron 10/5/2004
Signature of Officer *Date*

JUDITH S CARON
Print or Type Name of Officer

[redacted] VICE PRESIDENT ADMIN
Title of Officer

Form 630 12/01

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222 3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 70281
2. Name of Corporation: CARON COMPACTOR CO.
3. Street Address Principal Business Office: 809 SYLVAN AVE. SUITE 500 — City: MODESTO — State: CA — Zip: 95350
4. Business Phone No: (209)578-9514
5. State of Incorporation: CALIFORNIA
6. SIC Code: 2618
7. Brief Description of the Character of Business Conducted in Rhode Island: SALE OF HEAVY EQUIPMENT ATTACHMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name: JAMES O. CARON
Street Address: 809 SYLVAN AVE. SUITE 500
City: MODESTO — State: CA — Zip: 95350

Vice President Name: JUDITH S. CARON
Street Address: 809 SYLVAN AVE. SUITE 500
City: MODESTO — State: CA — Zip: 95350

Secretary Name: ROBERT DELSOL
Street Address: 1425 LEIMERT BLVD. SUITE 400
City: OAKLAND — State: CA — Zip: 94602

Treasurer Name:
Street Address:
City: — State: — Zip:

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name: JAMES O. CARON
Street Address: 809 SYLVAN AVE. SUITE 500
City: MODESTO — State: CA — Zip: 95350

Director Name: ROBERT DELSOL
Street Address: 1425 LEIMERT BLVD. SUITE 400
City: OAKLAND — State: CA — Zip: 94602

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000,000	COMM	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	Class/Series	Par Value
761,970	COMMON STOCK	NO PAR

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] *70281*

File Date: 2/3/03
Check No.: 49592
By: [redacted]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Judith S. Caron
Signature of Officer

1/27/2003
Date

JUDITH S. CARON
Print or Type Name of Officer

[redacted] VICE PRESIDENT
Title of Officer

Form 630 12/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1 Corporate ID No 70281

2 Name of Corporation CARON COMPACTOR CO.

3 Street Address Principal Business Office 809 SYLVAN AVENUE, SUITE 500 — *City* MODESTO — *State* CALIFORNIA — *Zip* 95350

4 Business Phone No (209) 578-9514

5 State of Incorporation CALIFORNIA

6 SIC Code 2618

7 Brief Description of the Character of Business Conducted in Rhode Island
SALES OF HEAVY EQUIPMENT ATTACHMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name JAMES O. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO *State* CALIFORNIA *Zip* 95350

Vice President Name JUDITH S. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO *State* CALIFORNIA *Zip* 95350

Secretary Name ROBERT DELSOL
Street Address 1425 LEIMERT BOULEVARD, SUITE 400
City OAKLAND *State* CALIFORNIA *Zip* 94602

Treasurer Name
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name JAMES O. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO *State* CALIFORNIA *Zip* 95350

Director Name
Street Address
City *State* *Zip*

Director Name ROBERT DELSOL
Street Address 1425 LEIMERT BOULEVARD, SUITE 400
City OAKLAND *State* CALIFORNIA *Zip* 95350

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000 COMM	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
761,970	COMMON STOCK	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

70281

File Date: 2-4-02

Check No 46918

By: dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date* 1/29/02

JAMES O. CARON
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

ROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

ling Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

ORM MUST BE TYPED IN BLACK)

porate ID No.	*2. Name of Corporation*
70281	CARON COMPACTOR COMPANY

Street Address Principal Business Office	*City*	*State*	*Zip*
809 SYLVAN AVENUE, SUITE 500	MODESTO	CA	95350

Business Phone No.	*3. State of Incorporation*	*4. SIC Code*
(209) 578-9514	CALIFORNIA	1073

Brief Description of the Character of Business Conducted in Rhode Island
SALE OF HEAVY EQUIPMENT ATTACHMENTS

NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

...ident Name	*Vice President Name*
JAMES O. CARON	JUDITH S. CARON / SCOTT P.P. CARON
...et Address	*Street Address*
809 SYLVAN AVENUE, SUITE 500	809 SYLVAN AVENUE, SUITE 500
City / *State* / *Zip*	*City* / *State* / *Zip*
MODESTO / CA / 95350	MODESTO / CA / 95350
...retary Name	*Treasurer Name*
ROBERT DELSOL	
...t Address	*Street Address*
1425 LEIMERT BOULEVARD, SUITE 400	
City / *State* / *Zip*	*City* / *State* / *Zip*
OAKLAND / CA / 94602	

NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

...tor Name	*Director Name*
JAMES O. CARON	
...t Address	*Street Address*
809 SYLVAN AVENUE, SUITE 500	
City / *State* / *Zip*	*City* / *State* / *Zip*
MODESTO / CA / 95350	
...tor Name	*Director Name*
ROBERT DELSOL	
...t Address	*Street Address*
1425 LEIMERT BOULEVARD, SUITE 400	
City / *State* / *Zip*	*City* / *State* / *Zip*
OAKLAND / CA / 94602	

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

...HORIZED SHARES			ISSUED SHARES		
...ber of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000,000	COMMON STOCK	NO PAR VALUE	761,970	COMMON STOCK	NO PAR VALUE

...s report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

[redacted]

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.

Judith S. Caron — 10/17/01
Signature of Officer — *Date*

JUDITH S. CARON
Print or Type Name of Officer

VICE PRESIDENT
Title of Officer

...e Date: 10/24/2001

...heck No.: 46270

...R SECRETARY OF STATE USE ONLY

[redacted]

Form 630 12/99

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
70281

2. Name of Corporation
CARON COMPACTOR COMPANY

3. Street Address Principal Business Office | *City* | *State* | *Zip*
809 SYLVAN AVENUE, SUITE 500 | MODESTO | CA | 95350

4. Business Phone No.
(209) 578-9514

5. State of Incorporation
CALIFORNIA

6. SIC Code
1073

7. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF HEAVY EQUIPMENT ATTACHMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
JAMES O. CARON
Street Address
809 SYLVAN AVENUE, SUITE 500
City | *State* | *Zip*
MODESTO | CA | 95350

Vice President Name
JUDITH S. CARON / SCOTT F.P. CARON
Street Address
809 SYLVAN AVENUE, SUITE 500
City | *State* | *Zip*
MODESTO | CA | 95350

Secretary Name
ROBERT DELSOL
Street Address
1425 LEIMERT BOULEVARD, SUITE 400
City | *State* | *Zip*
OAKLAND | CA | 94602

Treasurer Name
Street Address
City | *State* | *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
JAMES O. CARON
Street Address
809 SYLVAN AVENUE, SUITE 500
City | *State* | *Zip*
MODESTO | CA | 95350

Director Name
Street Address
City | *State* | *Zip*

Director Name
ROBERT DELSOL
Street Address
1425 LEIMERT BOULEVARD, SUITE 400
City | *State* | *Zip*
OAKLAND | CA | 94602

Director Name
Street Address
City | *State* | *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000	COMMON STOCK	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
761,970	COMMON STOCK	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 8-28-00

Check No.: 43197

By: AMF

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date:* 8/22/00

JAMES O. CARON
Print or Type Name of Officer

PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.
70281

2. Name of Corporation
CARON COMPACTOR COMPANY

3. Street Address Principal Business Office
809 SYLVAN AVENUE, SUTIE 500

City
MODESTO

State
CA

Zip
95350

4. Business Phone No.
(209) 578-9514

5. State of Incorporation
CALIFORNIA

6. SIC Code
1073

7. Brief Description of the Character of Business Conducted in Rhode Island

SALES OF HEAVY EQUIPMENT ATTACHMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name
JAMES O. CARON

Street Address
809 SYLVAN AVENUE, SUITE 500

City MODESTO *State* CA *Zip* 95350

Vice President Name
JUDITH S. CARON / SCOTT F.P. CARON

Street Address
809 SYLVAN AVENUE, SUITE 500

City MODESTO *State* CA *Zip* 95350

Secretary Name
ROBERT DELSOL

Street Address
1425 LEIMERT BOULEVARD, SUITE 400

City OAKLAND *State* CA *Zip* 94602

Treasurer Name

Street Address

City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name
JAMES O. CARON

Street Address
809 SYLVAN AVENUE, SUITE 500

City MODESTO *State* CA *Zip* 95350

Director Name

Street Address

City *State* *Zip*

Director Name
ROBERT DELSOL

Street Address
1425 LEIMERT BOULEVARD, SUITE 400

City OAKLAND *State* CA *Zip* 94602

Director Name

Street Address

City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000	COMMON STOCK	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
761,970	COMMON STOCK	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer *Date* 9/30/99

JAMES O. CARON
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: PAID 23625 JAN 06 2000

Check No.:

By: SECY OF STATE

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 70281
2. *Name of Corporation* CARON COMPACTOR COMPANY
3. *Street Address Principal Business Office* 809 SYLVAN AVENUE, SUITE 500 — *City* MODESTO — *State* CA — *Zip* 95350
4. *Business Phone No* (209) 578-9514
5. *State of Incorporation* CALIFORNIA
6. *SIC Code* 1073
7. *Brief Description of the Character of Business Conducted in Rhode Island* SALES OF HEAVY EQUIPMENT ATTACHMENTS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name JAMES O. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO — *State* CA — *Zip* 95350

Vice President Name JUDITH S. CARON / SCOTT F.P. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO — *State* CA — *Zip* 95350

Secretary Name ROBERT DELSOL
Street Address 1425 LEIMERT BOULEVARD, SUITE 400
City OAKLAND — *State* CA — *Zip* 94602

Treasurer Name
Street Address
City — *State* — *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name JAMES O. CARON
Street Address 809 SYLVAN AVENUE, SUITE 500
City MODESTO — *State* CA — *Zip* 95350

Director Name
Street Address
City — *State* — *Zip*

Director Name ROBERT DELSOL
Street Address 1425 LEIMERT BOULEVARD, SUITE 400
City OAKLAND — *State* CA — *Zip* 94602

Director Name
Street Address
City — *State* — *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000	COMMON STOCK	NO PAR VALUE

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
761,970	COMMON STOCK	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

File Date: 7/27/98
Check No: 37431
By: GDB

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date* 7/24/98

JAMES O. CARON
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

***James R. Langevin**, Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70281**

2. Name of Corporation **CARON COMPACTOR CO.**

3 Street Address Principal Business Office 809 SYLVAN AVENUE, SUITE 500 — *City* MODESTO — *State* CA — *Zip* 95350-1500

4 Business Phone No. 209-578-9514

5 State of Incorporation **CALIFORNIA**

6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURER/SALES OF HEAVY DUTY STEEL PARTS/ATTACHMENTS FOR LANDFILL COMPACTORS

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name	*Street Address*	*City*	*State*	*Zip*
JAMES O. CARON	809 SYLVAN AVENUE, SUITE 500	MODESTO	CA	95350-1500

Vice President Name	*Street Address*	*City*	*State*	*Zip*
JUDITH CARON	809 SYLVAN AVENUE, SUITE 500	MODESTO	CA	95350-1500

Secretary Name	*Street Address*	*City*	*State*	*Zip*
ROBERT DELSOL	1425 LEIMERT BLVD.	OAKLAND	CA	94602

Treasurer Name	*Street Address*	*City*	*State*	*Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name	*Street Address*	*City*	*State*	*Zip*
JAMES O. CARON	809 SYLVAN AVENUE, SUITE 500	MODESTO	CA	95350-1500

Director Name	*Street Address*	*City*	*State*	*Zip*
ROBERT DELSOL	1425 LEIMERT BLVD.	OAKLAND	CA	94602

Director Name	*Street Address*	*City*	*State*	*Zip*

Director Name	*Street Address*	*City*	*State*	*Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000,000	COMMON STOCK	NO PAR VALUE

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
761,970	COMMON STOCK	NO PAR VALUE

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] * 7 0 2 8 1 *

File Date: 4.7.97

Check No.: 33662

By: ICP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature of Officer — *Date* 4/2/97

JAMES O. CARON
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1–March 1
Filing Fee: $50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO	2. NAME OF CORPORATION
70281	CARON COMPACTOR CO.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
809 Sylvan Ave. Ste. 500	Modesto	CA	95350

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
(209) 578-9514	CALIFORNIA	2618

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Sale Of Heavy Equipment Attachments (Landfill Witches Blades....)

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	VICE PRESIDENT NAME
James O. Caron	Kenneth Pratt
STREET ADDRESS: 809 Sylvan Ave., Ste 500	STREET ADDRESS: 809 Sylvan Ave., Ste 500
CITY / STATE / ZIP CODE: Modesto / CA / 95350	CITY / STATE / ZIP CODE: Modesto / CA / 95350
SECRETARY NAME: Robert Delsol	TREASURER NAME: Calvin Wong
STREET ADDRESS: 809 Sylvan Ave Ste, 500	STREET ADDRESS: 809 Sylvan Ave Ste, 500
CITY / STATE / ZIP CODE: Modesto / CA / 95350	CITY / STATE / ZIP CODE: Modesto / CA / 95350

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
All Directors Are Officers	
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000,000	Common	No Par	761,970	Common	No Par

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer

Kenneth H Pratt
Print or Type Name of Officer

Vice President — 7/9/96
Title of Officer — Date

File Date: 7/5/96
Check No: 31607
By: LC

For Secretary of State Use Only

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0070281

Annual Report for the year: 1995

Name of Corporation: CARON COMPACTOR CO.

Business entity organized under the laws of the State of: CALIFORNIA.

For foreign entity, address and telephone number of principal office:
809 SYLVAN AVE. STE. 500
MODESTO, CA 95350

Phone: (209) 578-9514

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903

Phone: (401) 861-7400

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
SALE OF HEAVY EQUIPMENT ATTACHMENTS

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: JAMES O. CARON	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
VICE PRESIDENT: KENNETH PRATT	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
SECRETARY: ROBERT DELSOL	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
TREASURER: CALVIN WONG	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME: MIKE PIMENTEL	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME:	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
761,970	COMMON NO PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
761,970	COMMON NO PAR

Date FEBRUARY 27, 19 95

By: JAMES O. CARON
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE RI 02903

FILED
MAR 0 6 1995
By 27827

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

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

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March

Corporate ID: 70281 Annual Report for the year: 1994

Name of Business Entity: CARON COMPACTOR COMPANY

Business entity organized under the laws of the State of: CALIFORNIA

Federal Taxpayer Identification Number: 94-2176916

For foreign entity, address and telephone number of principal office:
809 SYLVAN AVE. STE. 500
MODESTO, CA 95350

Phone: (209) 578-9514

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
CT CORPORATION SYSTEM
123 DYER STREET
PROVIDENCE, RI 02903
Phone: (401) 861-7400

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
MATT QUINN
809 SYLVAN AVE. STE. 500
MODESTO, CA 95350

Brief statement of the character of business conducted in Rhode Island:
SALE OF HEAVY EQUIPMENT ATTACHMENTS

Date of Organization: 1970

Date of Qualification to do business in Rhode Island (if foreign entity):
OCT 16, 1992

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☐ PRESIDENT (Check One) JAMES O. CARON	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
☐ CHIEF OPERATING OFFICER OR ☒ VICE PRESIDENT (Check One) KENNETH PRATT	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One) ROBERT DELSOL	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One) CALVIN WONG	809 SYLVAN AVE. STE. 500	MODESTO, CA	95350

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 761,970	NUMBER 761,970
CLASS COMMON	CLASS COMMON
SERIES	SERIES
PAR VALUE OR WITHOUT PAR NO PAR	PAR VALUE OR WITHOUT PAR NO PAR

Date SEPTEMBER 27, 1994

By: JAMES O. CARON
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

FILED
SEP 29 1994 2650
By

Form BT 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0070251 Annual Report for the year 1993

FIRST: The name of the corporation is CARON COMPACTOR CO

SECOND: It is incorporated under the laws of California

THIRD: Character of business, briefly stated, is Manufacture & sell Heavy Equipment Attachments

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island None

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
Richard Genger	Director	1333 Second Street, Berkeley CA 74710
James O. Caron	President	809 Sylvan Ave. Ste. 500 Modesto, CA 95350
Kenneth H. Pratt	Vice President	809 Sylvan Ave. Ste. 500 Modesto, CA 95350
Robert Delsol	Secretary	1333 Second Street, Berkeley, CA 94710
Calvin Wong	Treasurer	1333 Second Street, Berkeley, CA 94710

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
761,970	Common		No par value

JUL 12 1993

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
761,970	Common		No par value

Dated July 7 19 93

CARON COMPACTOR COMPANY
(Name of Corporation)

By

Title President

(Report must be signed by an officer)