## PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Other \_\_\_\_

Entity# : 2590021 Date Filed : 12/30/2016 Effective Date : 01/01/2017 Pedro A. Cortés Secretary of the Commonwealth

Return document by mail to:	C					
CSC Order #443034	Statement of Merger					
Name	TO SUCH THE WHATER HAS BEEN AND THE COUNTY OF THE COUNTY O					
Address	.					
Corporation Service Company (xx)Return document by email to: cscpa@cscinfo.com	TCO161230JM0296					
Read all instructions	s prior to completing.					
Fee: \$70 plus \$40 for <i>each</i> association that is a party to the merger The minimum amount to be submitted with this filing is \$150  In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 335 (relating to Statement of merger), the undersigned, desiring to effect a merger, hereby states that:						
<ul><li>A. For the surviving association:</li><li>1. The name of the surviving association is: Maxim Cra</li></ul>	ne Works. L.P.					
-						
2. The jurisdiction of formation of the surviving associa	tion: Pennsylvania					
3. The type of association of the surviving association is  Business Corporation Nonprofit Corporation Limited Liability Company Limited Partnership Limited Liability (General) Partnership Limited Liability Limited Partnership Business Trust Professional Association	(check only one):					

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<b>4.</b> Th	e surviving association is a (check only	one box, provide address and f	follow instructions	s for attach	ments):			
<b>V</b>	Domestic (Pennsylvania) filing entity already in existence on Department of State records  If applicable, attach to this Statement any amendment to its public organic record approved as part of the plan of merger.							
	NEW domestic (Pennsylvania) filing entity (includes limited liability limited partnership)  Attach to this Statement the public organic record of the new entity.							
	Foreign filing association or foreign limited liability partnership already registered with the Department.  If applicable, attach to this Statement any amendment to or transfer of its foreign registration approved as part of the plan of merger.							
	Foreign filing association or foreign limited liability partnership simultaneously seeking registration with the Department of State  Attach to this Statement a completed form DSCB:15-412 (Foreign Registration Statement) with applicable fee and attachments.							
	Its current registered office address. C	Complete part (a) <b>OR</b> (b) – not b	oth:					
	(a)Number and street	City	State	Zip	County			
	(b) c/o: CT Corporation System				Dauphin			
	Name of Commercial Registered Off	fice Provider			County			
	NEW domestic (Pennsylvania) limited Attach completed DSCB:15-8201 (Statem			Election)				
	Domestic association that is not a don Attach to this Statement tax clearance cer							
The address, including street and number, if any, of its principal office:								
	Number and street	City	State	Zip	County			
	Foreign association that is not, and wi		partment of State					
	The address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office:							
	Number and street	City	State	Zip				

B. For the merging association(s) that are not surviving the merger:

## 1. The name of the merging association is: AmQuip Crane Rental LLC 2. The jurisdiction of formation of the merging association: Delaware **3.** The type of association is (check only one): ☐ Business Corporation Limited Partnership ☐ Business Trust ☐ Nonprofit Corporation ☐ Limited Liability (General) Partnership ☐ Professional Association Limited Liability Limited Partnership ✓ Limited Liability Company Other 4. Check and complete one of the following addresses. If the merging association is a domestic filing association, domestic limited liability partnership or registered foreign association, the current registered office address as on file with the Department of State. Complete part (a) OR (b) – not both: 777 Winks Lane, Bensalem, PA 19020, Bucks County $\sqrt{\phantom{a}}$ Number and street City State Zip County Name of Commercial Registered Office Provider County If the merging association is a domestic association that is not a domestic filing association or limited liability partnership, the address, including street and number, if any, of its principal office: State Number and street City Zip County If the merging association is a nonregistered foreign association, the address, including street and number, if any, of its registered or similar office, if any, required to be maintained by the law of its jurisdiction of formation; or if it is not required to maintain a registered or similar office, its principal office address: Number and street City State Zip

Use Statement of Merger – Addendum (DSCB:15-335AD) for additional merging parties that are not surviving the merger.

C. Effective dute of statem	•			
	erger shall be effective upon filing in the D erger shall be effective on: 01/01/2017	epartment of :	State.	
1 This Statement Of W	Date (MM/I)	O(YYYY)	Hour (if any)	**************************************
D. Approval of merger by	merging associations (check all applicable	statement(s))	:	
For domestic entities (relating to merger).	The merger was approved in accordance	with 15 Pa.C	S. Chapter 3, Subchap	nter C
☑ For foreign associati	ons - The merger was approved in accorda			
	ations that are not domestic entities — The m in the manner required by its organic law,	erger was app	proved by the interest l	olders of th
E. Attachments (see Instruc	ctions for required and optional attachments	i).		
IN TESTIMONY WHEREO	F, the undersigned merging associations ha	ive caused this	Statement of Merger	to be signed
by duly authorized officers t			. 20 16	
	AmQuip Crane Rental LLC	Maxim C	rane Works, L.P.	
	Name of Merging Association	Na —	ime of Merging Association	10
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	Signaltare		Signisting	
	VICE President	Ch	et legal Of	Theen
	Telic	-	1 Take	······································