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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90130 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002311

1. Corporation Name
NACCO MATERIALS HANDLING GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 650 NE HOLLADAY ST, 1600, PORTLAND OR 97232
 Mailing Address: 650 NE HOLLADAY ST, 1600, PORTLAND OR 97232

3. Date Incorporated or Qualified: **05/08/1996**
 4. FEI Number: **90-0160700**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EKLUND, REGINALD R | 1.2 NAME | |
| STREET ADDRESS | 650 NE HOLLADAY ST #1600 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR 97232 | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUI, JULIE C | 2.2 NAME | |
| STREET ADDRESS | 650 NE HOLLADAY ST #1600 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR 97232 | 2.4 CITY-ST-ZIP | |
| TITLE | S | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEWIS, GEOFFREY D | 3.2 NAME | |
| STREET ADDRESS | 650 NE HOLLADAY ST #1600 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR 97232 | 3.4 CITY-ST-ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MATTERN, JEFFREY C | 4.2 NAME | |
| STREET ADDRESS | 650 NE HOLLADAY ST #1600 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR 97232 | 4.4 CITY-ST-ZIP | |
| TITLE | AS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALM, STEPHEN M | 5.2 NAME | |
| STREET ADDRESS | 650 NE HOLLADAY ST #1600 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORTLAND OR 97232 | 5.4 CITY-ST-ZIP | |
| TITLE | V | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROGAN, MICHAEL | 6.2 NAME | |
| STREET ADDRESS | VIA EMILIA EST 1439 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MODENA ITALY | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the registrar or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 2/8/99 503-721-6061
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Geoffrey D. Lewis Date: Daytime Phone #

CR2E034 (11/98)