

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90112 031 ***150.00

DOCUMENT # F96000002311

1. Entity Name

NACCO MATERIALS HANDLING GROUP, INC.

Principal Place of Business

650 NE HOLLADAY ST
 1600
 PORTLAND OR 97232

Mailing Address

650 NE HOLLADAY ST
 1600
 PORTLAND OR 97232-2035

909970



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **90-0160700**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	EKLUND, REGINALD R	
STREET ADDRESS	650 NE HOLLADAY ST #1600	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> Delete
NAME	HUI, JULIE C	
STREET ADDRESS	650 NE HOLLADAY ST #1600	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEWIS, GEOFFREY D	
STREET ADDRESS	650 NE HOLLADAY ST #1600	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	T	<input type="checkbox"/> Delete
NAME	MATTERN, JEFFREY C	
STREET ADDRESS	650 NE HOLLADAY ST #1600	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MALM, STEPHEN M	
STREET ADDRESS	650 NE HOLLADAY ST #1600	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BROGAN, MICHAEL	
STREET ADDRESS	VIA EMILIA EST 1439	
CITY-ST-ZIP	MODENA ITALY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William C. Maxwell	
STREET ADDRESS	650 NE Holladay St., #1600	
CITY-ST-ZIP	Portland, OR 97232	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robin C. DesCamp	
STREET ADDRESS	650 NE Holladay St., #1600	
CITY-ST-ZIP	Portland, OR 97232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1/21/00 **503-721-6061**
 Date Daytime Phone #