

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # - P07446

(8)

1. Corporation Name

~~SEFAC TRADING CORPORATION~~

SEFAC LIFT EQUIPMENT CORP

Principal Place of Business

Mailing Address

7175 OAKLAND MILLS RD
COLUMBIA MD 21046

7175 OAKLAND MILLS RD
COLUMBIA MD 21048-1628

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 1615 Bush St

Suite, Apt. #, etc.

22 City & State

23 BALTIMORE MD

Zip

24 21230

Country

25 USA

2a. Mailing Address

26 1615 Bush St

Suite, Apt. #, etc.

27 City & State

28 BALTIMORE MD

Zip

29 21230

Country

30 USA

3. Date Incorporated or Qualified

09/17/1985

3a. Date of Last Report

08/08/1996

4. FEI Number

39-0101873

Applied For

Not Applicable

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

RILEY, RONALD T
7401 S.W. 133RD AVENUE
MIAMI FL 33183

10. Name and Address of New Registered Agent

81 Name

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

200002263732-4

83

-08/11/97-01144-022

84 City

****165.00 ****165.00

FL

85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME MURA, GERARD
STREET ADDRESS BP15-110 RUE DE LA REPUBLIQUE
CITY-ST-ZIP LE CHAMBON, FRANCE

TITLE DP ☐ DELETE

NAME FINET, FRANCOIS
STREET ADDRESS BP15-110 RUE DE LA REPUBLIQUE
CITY-ST-ZIP LE CHAMBON, FRANCE

TITLE D ☐ DELETE

NAME GYEYGBIB, GUY
STREET ADDRESS BP15-110 RUE DE LA REPUBLIQUE
CITY-ST-ZIP LE CHAMBON, FRANCE

TITLE VP ☒ DELETE

NAME GERGEL, RICHARD
STREET ADDRESS 7175 OAKLAND MILLS RD
CITY-ST-ZIP COLUMBIA MD

TITLE VTS ☐ DELETE

NAME DAVIS, CHRIS
STREET ADDRESS 7175 OAKLAND MILLS RD
CITY-ST-ZIP COLUMBIA MD

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 receiver 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.

SIGNATURE:

CHRIS DAVIS 5/2/07 410 539 5411

CR2E034 (9/96)