2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 SEP 27 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # B98000000430

1. Entity Name
BARLOWORLD HANDLING LP

Principal Place of Business	Mailing Address
11301-C GRANITE STREET CHARLOTTE, NC 28273	11301-C GRANITE STREET CHARLOTTE, NC 28273

05172004 Chg-LP CR2E003 (10/03) 9/27

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 57-1065511 ☐ 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$6,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. *

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F98000003744	STREET ADDRESS	PROPER NAME OF GENERAL PARTNER:
NAME	BARLOWORLD HANDLING USA INC.	CITY-ST-ZIP	BARLOWORLD INDUSTRIAL DISTRIBUTION INC
STREET ADDRESS	11301-C GRANITE STREET		(FORMERLY BARLOWORLD HANDLING USA INC.)
CITY-ST-ZIP	CHARLOTTE, NC 28273		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

Name Change Amendment Filed Feb 9, 2001

STAPLE CHECK HERE

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ 5/17/04 704-587-1003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #