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PLEASE READ A	A DE SE	Sweet F			120	
LIMITED PARTNERSHIP REINSTATEMENT	ORI A DEPA Kathe Secretary		T	03 OCT 31	LED	
DOCUMENT # B9800000430 -  1. Name of Limited Partnership  BARLOWORZ D HANDLING LP			O3 OCT 30 AM 9: 18			
2. Principal Office Address  11301-C GRAWITE STREET  Suite Ant # ste	3. Mailing Office Address			4. Date Formed or Registered To Do Business in Florida June 28, 1948		
City & State	City & State	57-1065511  6. CERTIFICATE OF STATUS DESIDED [ \$8.75 Addition		Applied For Not Applicable  \$8.75 Additional Fee required for a Certificate of Status		
Charlotte, NC  Zip 28273 Country USA  8. Name and Address of	Zip  Current Registered Agent	Country	L	7a. Capital Contributions as shown on Record: \$6,000,000,00  7b. Amount of Capital Contributions in FLORIDA to date: Same as Above		
Name  Corporation Service Compan  Street Address (P.O. Box Number is Not Acceptable)  1201 Hays Street  Suite, Apt. #, Etc.  City  Tallahassee	1.) Filing Fee(s in 7b, with a for each yes  2.) Supplement with 1992 c  3.) Penalty Fee  Note: If the 7a, a supple			FEES  1.) Filling Fee(s): Computed at a rate of \$ in 7b, with a minimum filing fee of \$52 for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for \$ in 7b is \$ in 7b in \$ in 7b is \$ in 7b in \$	FEES: g Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, ach year due this office. blemental Fee(s): \$88.75 for each year due this office, beginning 1992 calendar year. sity Fee(s): \$500 penalty fee for each year report form is delinquent. If the amount entered in 7b is greater than amount entered in supplemental affidavit must be submitted along with a separate	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  Maureen Cullen,  SIGNATURE (Registered Agent Accepting Appointment)						
A GENERAL PARTNER THAT IS MUST	S A CORPORATI BE REGISTERE				BÚSINÉSS ENTITY	
10. Name(s) of General Partner(s)	Address of Each ( (Do NOT Use Post Of			City, State and Zip Code	10a. Registration Document Number	
BARLOWORLD INDUSTRIAL DISTRIBUTION INC.	- 1/301-C GRA Charwite, N	wire ST. IC 29273	Chr	99400TE, NC 28273	F98WUU113744	
PENSTATEMENT 2003						
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 1 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this section as required by chapter 620, Florida Statutes.						
SIGNATURE DATE OF 28,2003  Typed or Printed Name of General Partner Signing Form MRW: RED INDUSTRIAL DISTRIBUTION INC. MARTIN W. LEWISCONS 704-587-1003						
Typed or Printed Name of General Panner Signing Form PARTED HOUSTRAL VISTRIBATION W.C. 1/4/17 WW. Level Boye Tolding To 4-58 /- 1003						



ACCOUNT NO. :

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE: September 16, 2003

ORDER TIME : 2:05 PM

ORDER NO. : 244618-235

CUSTOMER NO: 7348322

CUSTOMER: Mr. Martin Lewis

Barloworld Industrial 11301-c Granite Street

Charlotte, NC 28273

REINSTATEMENT

NAME: BARLOWORLD HANDLING LP

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS

## **Industrial Distribution Division**

Mr. Buck Kohr Document Specialist Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 MC

RE:

Letter #603A00054592

Ref #B9800000430 - Barloworld Handling LP

Ref # F98000003744 - Barloworld Industrial Distribution Inc.

Dear Mr. Kohr:

Enclosed herewith are forms and payments to update 2003 Uniform Business Report Forms for Barloworld Handling LP and Barloworld Industrial Distribution Inc.

I can find no record of having received timely the forms from the State of Florida; and therefore request that the penalties assessed for late payment be waived. My first records from Florida appear to be "Notices of Revocation".

Payment amounts enclosed are:

Barloworld Handling LP:

Filing Fee

\$437.50

Supplemental Fee

<u>88./5</u>

\$526.2

Penalty Waiver Requested

\$500.00

Barloworld Industrial Distribution Inc.:

Filing Fee

\$150.00

Penalty Waiver Requested

<u>\$600.00</u>

Yours truly,

Martin W. Lewis Secretary Treasurer