

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002021

1. Entity Name

UNARCO MATERIAL HANDLING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90103 032 ***150.00

Principal Place of Business

701 16TH AVENUE EAST
SPRINGFIELD TN 37172

Mailing Address

P.O. BOX 547
SPRINGFIELD TN 37172

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **62-1593382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 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	LIBERATO, WILLIAM	
STREET ADDRESS	701 16TH AVENUE EAST	
CITY-ST-ZIP	SPRINGFIELD TN 37172	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WINTON, RANDALL K	
STREET ADDRESS	701 16TH AVENUE EAST	
CITY-ST-ZIP	SPRINGFIELD TN 37172	
TITLE	S	<input type="checkbox"/> Delete
NAME	D'ATARI, JUSTIN	
STREET ADDRESS	30 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAY, ROGER	
STREET ADDRESS	30 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RENNERT, IRA L	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 42ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10112	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	805 Third Avenue	
CITY-ST-ZIP	New York, NY 10022	
TITLE	Vice President	<input checked="" 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	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John A. Siegel, Jr.	
STREET ADDRESS	30 Rockefeller Plaza	
CITY-ST-ZIP	New York, NY 10112	

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

John A. Siegel, Jr., VP 4/16/01 (212) 541-6000

Date

Daytime Phone #

CR2E034 (10/00)