

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000002021	
1. Entity Name UNARCO MATERIAL HANDLING, INC.	
Principal Place of Business 701 16TH AVENUE EAST SPRINGFIELD, TN 37172	Mailing Address P.O. BOX 547 SPRINGFIELD, TN 37172



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1593382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLATER, GARY J 701 16TH AVENUE EAST SPRINGFIELD, TN 37172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SADLOWSKI, DENNIS A 30 ROCKEFELLER PLAZA NEW YORK, NY 10112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAY, ROGER 30 ROCKEFELLER PLAZA NEW YORK, NY 10112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RENNERT, IRA L 30 ROCKEFELLER PLAZA, 42ND FLOOR NEW YORK, NY 10112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIEGEL, JOHN A JR 30 ROCKEFELLER PLAZA NEW YORK, NY 10112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NEAL, PAUL W 701 16TH AVENUE EAST SPRINGFIELD, TN 37172

000000585865
01/16/07-80030-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *[Signature]* 1/16/07 (615) 584-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #