


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90037 008 ***150.00

DOCUMENT # F00000004788	
1. Entity Name HK SYSTEMS, INC.	

Principal Place of Business 2855 S JAMES DRIVE NEW BERLIN, WI 53151	Mailing Address P.O. BOX 1512 MILWAUKEE, WI 53201-1512
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01262006 Chg-P CR2E034 (11/05)

4. FEI Number 39-1766857		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	EVCD	<input type="checkbox"/> Delete		TITLE	EV/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HINES, JOHN C			NAME	John C. Hines		
STREET ADDRESS	2855 SOUTH JAMES DRIVE			STREET ADDRESS	2855 South James Drive		
CITY-ST-ZIP	NEW BERLIN, WI 53151			CITY-ST-ZIP	New Berlin WI 53151		
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRICKER, THOMAS L JR.			NAME			
STREET ADDRESS	2855 SOUTH JAMES DRIVE			STREET ADDRESS			
CITY-ST-ZIP	NEW BERLIN, WI 53151			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADORJAN, J. JOE			NAME	Kenneth B. Sawyer		
STREET ADDRESS	7733 FORSYTH BLVD., STE 730			STREET ADDRESS	475 Sansome Street, Suite 1850		
CITY-ST-ZIP	CLAYTON, MO 63105			CITY-ST-ZIP	San Francisco CA 94111		
TITLE	CCEO	<input type="checkbox"/> Delete		TITLE	C/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPLUDE, JOHN W			NAME	John W. Splude		
STREET ADDRESS	2855 SOUTH JAMES DRIVE			STREET ADDRESS	2855 South James Drive		
CITY-ST-ZIP	NEW BERLIN, WI 53151			CITY-ST-ZIP	New Berlin WI 53151		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, THOMAS G			NAME	Thomas G. Smith		
STREET ADDRESS	770 NORTH WATER ST.			STREET ADDRESS	411 East Wisconsin Avenue, Suite 1280		
CITY-ST-ZIP	MILWAUKEE, WI 53202			CITY-ST-ZIP	Milwaukee WI 53202		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	END, ROBERT F			NAME	John Bartholdson		
STREET ADDRESS	767 FIFTH AVE., 48TH FL			STREET ADDRESS	540 Madison Avenue, 25th Floor		
CITY-ST-ZIP	NEW YORK, NY 10153			CITY-ST-ZIP	New York NY 10022		

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: 	Thomas L. Stricker, Jr.	1/27/06	262-860-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT

40013579

HK Systems, Inc.
Document #F00000004788

11. Additions/Changes to Officers and Directors in 11 (continued)

Title	Exec.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	David W. Bartley	
Street Address	2855 South James Drive	
City-State-Zip	New Berlin WI 53151	
Title	Sr.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Michael R. Kotecki	
Street Address	2855 South James Drive	
City-State-Zip	New Berlin WI 53151	
Title	Sr.V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Michael S. Johnson	
Street Address	2100 Litton Lane	
City-State-Zip	Hebron KY 41048	
Title	V/Asst. T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	James P. Purko	
Street Address	2855 South James Drive	
City-State-Zip	New Berlin WI 53151	
Title	Asst. S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	D. Lisa Graff	
Street Address	2855 South James Drive	
City-State-Zip	New Berlin WI 53151	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Jose Yglesias	
Street Address	1770 Sunrise Pass	
City-State-Zip	Minden NV 89423	
Title	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Name	Alexis P. Michas	
Street Address	540 Madison Avenue, 25 th Floor	
City-State-Zip	New York NY 10022	