05-FEB-2003 10:03 KINSHOFER GREIFTECHNIK

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90139 035 ***150.00

DOCUMENT # F02000000240

Entity Name
KINSHOFER LIFTALL INC.

Principal Place of Business	Mailing Address
775 PACIFIC RD #29 OAKVILLE ONTARIO, CANADA L6L 6M4	775 PACIFIC RD #29 OAKVILLE ONTARIO, CANADA L6L 6M4

☐ CHECK HERE IF MAKING CHANGES

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

4. FEI Number 98-0217736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORALES, GUILLERMO F 8431 SW 84TH AVENUE MIAMI FL 33143	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 GUILLERMO F. MORALES, Salesman
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PCD NAME SCHIERHOLZ, MANFRED STREET ADDRESS MARIENSTEIN, HAUPTSTRASSE 76 D8366 CITY-ST-ZIP WAAKIRCHEN, GERMANY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Please Note: Mr. Manfred Schierholz has Retired ☐ Change ☐ Addition
TITLE PCD NAME FRIEDRICH, THOMAS STREET ADDRESS MARIENSTEIN, HAUPTSTRASSE 76 D8366 CITY-ST-ZIP WAAKIRCHEN, GERMANY ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PCD FRIEDRICH, THOMAS MARIENSTEIN, HAUPTSTRASSE 76D8366 WAAKIRCHEN, GERMANY ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Please Note Correct Spelling of Mr. Friedrich's Name ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Jan. 31/03 800-268-9525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #