

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006461

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: FKI LOGISTEX AUTOMATION INC.

## Current Principal Place of Business:

1500 LEBANON ROAD  
DANVILLE, KY 40422

## New Principal Place of Business:

## Current Mailing Address:

10045 INTERNATIONAL BLVD  
CINCINNATI, OH 45246

## New Mailing Address:

FEI Number: 33-1018422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARTIN, DAVID J  
Address: 1500 LEBANON ROAD  
City-St-Zip: DANVILLE, KY 40422

Title: V ( ) Delete  
Name: BILES, JOHN A  
Address: 15 - 19 NEW FETTER LANE  
City-St-Zip: LONDON, EC4A 1LY ENGLAND,

Title: VD ( ) Delete  
Name: JONES, STEVEN D  
Address: PO BOX 18 GALCON WORKS NOTTINGHAM ROAD  
City-St-Zip: LOUGHBOROUGH, LEICESTERSHIRE,

Title: V ( ) Delete  
Name: WESTENDORF, JOHN  
Address: 10045 INTERNATIONAL BOULEVARD  
City-St-Zip: CINCINNATI, OH 45246

Title: V ( ) Delete  
Name: DUPLAIN, ROBERT  
Address: 10045 INTERNATIONAL BOULEVARD  
City-St-Zip: CINCINNATI, OH 45246

Title: SD ( ) Delete  
Name: MILLER, ROBERT M  
Address: 425 POST ROAD  
City-St-Zip: FAIRFIELD, CT 06824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT DUPLAIN

VP

01/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date