

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000001908

1. Entity Name  
ASSOCIATED MATERIAL HANDLING INDUSTRIES, INC.



FILED

05 NOV 23 PM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
550 KEHOE BLVD.  
CAROL STREAM, IL 60188-1838

Mailing Address  
550 KEHOE BLVD.  
CAROL STREAM, IL 60188-1838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
36-2441380

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

CT 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

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 January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C  
MALVASO, JAMES J  
550 KEHOE BLVD.  
CAROL STREAM, IL 60188

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DP  
DEMAINE, GORDON  
16 BRASSIE COURT  
WOODRIDGE, IL 60517

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
EVERTS, JOHN F  
550 KEHOE BLVD.  
CAROL STREAM, IL 60188

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP  
LEMASTER, DAVID R  
627 FREDERICKSBURG COURT  
NAPERVILLE, IL 60540

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S  
KOVAL, TIM  
550 KEHOE BLVD.  
CAROL STREAM, IL 60188

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
KONOPKA, ANDREW C  
1264 SHERWOOD LANE  
PALATINE, IL 60067

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRESIDENT  
MICHAEL ROMANO  
550 KEHOE BLVD  
CAROL STREAM, IL 60188

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE:

*Andrew C Konopka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
VP FINANCE

10/21/05  
Date

Daytime Phone #

NOV 23 2005