

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000001908

1. Entity Name
ASSOCIATED MATERIAL HANDLING INDUSTRIES, INC.



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

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



04242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2441380	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000554029
05/15/06-80077-012 158.75

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	MALVASO, JAMES J
STREET ADDRESS	550 KEHOE BLVD.
CITY-ST-ZIP	CAROL STREAM, IL 60188

TITLE	P
NAME	ROMAND, MICHAEL
STREET ADDRESS	550 REHOE BLVD.
CITY-ST-ZIP	CAROL STREAM, IL 60188

TITLE	D
NAME	EVERTS, JOHN F
STREET ADDRESS	550 KEHOE BLVD.
CITY-ST-ZIP	CAROL STREAM, IL 60188

TITLE	VP
NAME	LEMASTER, DAVID R
STREET ADDRESS	627 FREDERICKSBURG COURT
CITY-ST-ZIP	NAPERVILLE, IL 60540

TITLE	S
NAME	KOVAL, TIM
STREET ADDRESS	550 KEHOE BLVD.
CITY-ST-ZIP	CAROL STREAM, IL 60188

TITLE	T
NAME	KONOPKA, ANDREW C
STREET ADDRESS	1264 SHERWOOD LANE
CITY-ST-ZIP	PALATINE, IL 60067

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP FWAILE

4/25/06