


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE



05112007 No Chg-P CR2E034 (11/05)

4. FEI Number 36-2441380	Applied For 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

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 05/30/07-80067-006 158.75

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MALVASO, JAMES J 550 KEHOE BLVD. CAROL STREAM, IL 60188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMAND, MICHAEL 550 REHOE BLVD. CAROL STREAM, IL 60188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERTS, JOHN F 550 KEHOE BLVD. CAROL STREAM, IL 60188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEMASTER, DAVID R 627 FREDERICKSBURG COURT NAPERVILLE, IL 60540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOVAL, TIM 550 KEHOE BLVD. CAROL STREAM, IL 60188
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KONOPKA, ANDREW C 1264 SHERWOOD LANE PALATINE, IL 60067

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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: <u><i>Kisha Bhatia</i></u> KISHA BHATIA	Date 5-10-07 Daytime Phone 630-588-7647