

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001908

FILED  
Feb 28, 2012  
Secretary of State

**Entity Name:** ASSOCIATED MATERIAL HANDLING INDUSTRIES, INC.

**Current Principal Place of Business:**

133 NORTH SWIFT RD.  
ADDISON, IL 60101

**New Principal Place of Business:**

**Current Mailing Address:**

133 NORTH SWIFT RD.  
ADDISON, IL 60101

**New Mailing Address:**

**FEI Number:** 36-2441380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CT 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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: PASCARELLI, CHARLES F  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60101

Title: P  
Name: ROMANO, MICHAEL  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60101

Title: T  
Name: EVERTS, JOHN F  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60101

Title: VP  
Name: LEMASTER, DAVID R  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60101

Title: S  
Name: CALLEA, LOUIS J  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60188

Title: VP/T  
Name: KONOPKA, ANDREW C  
Address: 133 N, SWIFT RD  
City-St-Zip: ADDISON, IL 60188

I hereby 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 all other like empowered.

SIGNATURE: ANDREW KONOPKA

VP/T

02/28/2012

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

\_\_\_\_\_  
Date