


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90043 030 ***150.00

DOCUMENT # F03000001963 1. Entity Name CLARK MATERIAL HANDLING COMPANY					
Principal Place of Business 2317 ALUMNI PARK PLAZA, SUITE 500 LEXINGTON, KY 40517			Mailing Address 2317 ALUMNI PARK PLAZA, SUITE 500 LEXINGTON, KY 40517		
2. Principal Place of Business 700 Enterprise Drive Suite, Apt. #, etc.		3. Mailing Address 700 Enterprise Drive Suite, Apt. #, etc.			
City & State Lexington, KY		City & State Lexington, KY		4. FEI Number 54-2091806	
Zip 40510		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD REARDON, KEVIN M 2317 ALUMNI PARK PLAZA, SUITE 500 LEXINGTON, KY 40517	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACRAE, ALASTAIR J 350 MCCAFFREY ST. LAURENT QUEBEC,	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIGHSMITH, DOUGLAS 2615 BOEING WAY STOCKTON, CA 95206	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHAN, PAUL 1200 MELISSA LANE LAZA, SUITE 500 BENTONVILLE, AR 72712	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REE, HOWARD 3700 WILSHIRE BLVD. SUITE 700 LOS ANGELES, CA 900103003	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BUTLER, BRIAN C 2317 ALUMNI PARK PLAZA SUITE 500 LEXINGTON, KY 40517	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Reardon, Kevin M. 700 Enterprise Drive Lexington, KY 40510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive VP Grossman, Michael J. 700 Enterprise Drive Lexington, KY 40510	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ree, Howard 3700 Wilshire Blvd., Suite 250 Los Angeles, CA 90010-3003	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. & CEO Butler, Brian C. 700 Enterprise Drive Lexington, KY 40510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 an address with all other like empowered.					
SIGNATURE: x Michael J. Grossman MICHAEL J. GROSSMAN 1/31/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					