FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000447 (2)**

1. Corporation Name

SI HANDLING SYSTEMS, INC.

Principal Place of Business	Mailing Address
KESSLERVILLE RD. EASTON PA 18042	P.O. BOX 70 EASTON PA 18042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/28/1994	N/A

2. Principal Place of Business	2a. Mailing Address
21 600 Kuebler Rd.	26 P.O. Box 70
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Easton, PA	City & State 28 Easton, PA
Zip / Country 24 18040 / 25	Zip / Country 29 18044 / 30

4. FEI Number: 22-1643428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transmitting) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	C	☒ Change ☐ Addition
NAME	LATIMER, THOMAS P	12 NAME	EDWARD J. FAHEY	
STREET ADDRESS	KESSLERVILLE RD.	13 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	14 CITY ST ZIP	EASTON PA 18040	
TITLE	P	21 TITLE		☒ Change ☐ Addition
NAME	YURKOVIC, LEONARD S	22 NAME		
STREET ADDRESS	KESSLERVILLE RD.	23 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	24 CITY ST ZIP	EASTON, PA 18040	
TITLE	S	31 TITLE	S	☒ Change ☐ Addition
NAME	WALSH, JOSEPH M JR	32 NAME	RONALD J. SEMANICK	
STREET ADDRESS	KESSLERVILLE RD.	33 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	34 CITY ST ZIP	EASTON, PA 18040	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	THATCHER, JAMES L	42 NAME		
STREET ADDRESS	KESSLERVILLE RD.	43 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	44 CITY ST ZIP	EASTON, PA 18040	
TITLE	V	51 TITLE	T	☒ Change ☐ Addition
NAME	JORDAN, MICHAEL L	52 NAME	BARRY V. MACK	
STREET ADDRESS	KESSLERVILLE RD.	53 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	54 CITY ST ZIP	EASTON, PA 18040	
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	HOFFNER, JOEL L	62 NAME		
STREET ADDRESS	KESSLERVILLE RD.	63 STREET ADDRESS	600 KUEBLER RD.	
CITY ST ZIP	EASTON PA 18042	64 CITY ST ZIP	EASTON, PA 18040	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry V. Mack, Treasurer 4/26/95 610-252-7321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485277 FN