2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 03, 2001 08:00 AM
Secretary of State

DOCUMENT # **F96000002311**

1. Entity Name
NACCO MATERIALS HANDLING GROUP, INC.

Principal Place of Business	Mailing Address
650 NE HOLLADAY ST 1600 PORTLAND OR 97232	650 NE HOLLADAY ST 1600 PORTLAND OR 97232

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **93-0160700** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET

TALLAHASSEE FL
323012525 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ **07/03/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROGAN MICHAEL VIA EMILIA EST 1439 MODENA ITALY	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RYAN EDWARD W 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS MALM STEPHEN M 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DESCAMP ROBIN C 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MATTERN JEFFREY C 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEWIS GEOFFREY D 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HUI JULIE C 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BROGAN MICHAEL 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P EKLUND REGINALD R 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Geoffrey D. Lewis S 07/03/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #