

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006432

1. Entity Name

CLARK MATERIAL HANDLING COMPANY

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90059 042 ***550.00

Principal Place of Business

Mailing Address

172 TRADE ST.
 LEXINGTON KY 40508

172 TRADE ST.
 LEXINGTON KY 40511-2607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

61-1312827

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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, 2000 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 | PD | <input type="checkbox"/> Delete |
| NAME | DORIO, MARTIN M DR. | |
| STREET ADDRESS | 172 TRADE ST. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | GROSSMAN, MICHAEL J | |
| STREET ADDRESS | 172 TRADE ST. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | LINGG, JOSEPH F | |
| STREET ADDRESS | 172 TRADE ST. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SNYDER, THOMAS J | |
| STREET ADDRESS | 172 TRADE ST. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DELANEY, MICHAEL A | |
| STREET ADDRESS | 172 TRADE ST. | |
| CITY-ST-ZIP | LEXINGTON KY | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | V.P. & CFO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Doug Bennett | |
| STREET ADDRESS | 172 Trade St | |
| CITY-ST-ZIP | Lexington Ky 40511 | |
| TITLE | Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Guy Goodner | |
| STREET ADDRESS | 172 Trade St | |
| CITY-ST-ZIP | Lexington Ky | |
| TITLE | Steve Anderson | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | 172 Trade St | |
| STREET ADDRESS | Lexington Ky | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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:

Michael J. Grossman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/00

859-367-4003

Date

Daytime Phone #

CR2 (0-4) (9/98)