

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003744

1. Entity Name

~~WRENN HANDLING, INC. BARLOWORLD HANDLING USA, INC.~~  
BARLOWORLD INDUSTRIAL DISTRIBUTION, INC.

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90913 029 \*\*\*158.75

044214

Principal Place of Business  
11301-C GRANITE STREET  
CHARLOTTE NC 28273

Mailing Address  
11301-C GRANITE STREET  
CHARLOTTE NC 28273

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 **56-1166613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, KENNETH</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROWN, LARRY</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SEWELL, STAN</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>LEWIS, MARTIN</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, ROBERT E</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMES, JAMES</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE NC</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT SIMMONS</b>	
STREET ADDRESS	<b>11301-C GRANITE STREET</b>	
CITY-ST-ZIP	<b>CHARLOTTE, NC 28273</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, trustee, or other person 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 an other like empowered.

SIGNATURE:

*Martin Lewis*

MARTIN LEWIS

Secretary

4/27/01

704-587-1003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment  
# F98800003744  
757385

**PROFIT CORPORATION**  
**APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO**  
**APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
(Pursuant to s. 607.1504, F.S.)

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

1. Barloworld Handling USA Inc.  
Name of corporation as it appears on the records of the Department of State.
2. Delaware Incorporated under laws of June 30, 1998 Date authorized to do business in Florida

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. Barloworld Industrial Distribution Inc.  
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.

6. If the amendment changes the period of duration, indicate new period of duration.

no change  
New Duration

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

no change  
New Jurisdiction

Kenneth Brown  
Signature

JANUARY 31, 2001  
Date

Kenneth Brown  
Typed or printed name

President  
Title