
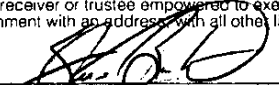


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90035 027 \*\*\*150.00

<b>DOCUMENT # F99000002852</b> 1. Entity Name <b>MOTOMAN, INC.</b>					
Principal Place of Business <b>805 LIBERTY LANE WEST CARROLLTON, OH 45449</b>			Mailing Address <b>805 LIBERTY LANE WEST CARROLLTON, OH 45449</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>31-1275631</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD KUDO, GEW 2121 NORMAN DR. SOUTH WAUKEGAN, IL 60085	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KUDO, GEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO JENNINGS, CRAIG S 805 LIBERTY LANE WEST CARROLLTON, OH 45449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BARHORST, STEVEN B 805 LIBERTY LANE WEST CARROLLTON, OH 45449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GABBARD, MICHAEL 805 LIBERTY LANE WEST CARROLLTON, OH 45449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHRISTIAN, ROGER 805 LIBERTY LANE DAYTON, OH 45449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: X</b> 			<b>STEVE BARHORST</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/26/07</b> Daytime Phone # <b>937-847-6200</b>		

40095730



04252007 Chg-P CR2E034 (12/06)

4. FEI Number  
31-1275631

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

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

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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  
CD  
KUDO, GEW  
2121 NORMAN DR. SOUTH  
WAUKEGAN, IL 60085

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KUDO, GEN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCOO  
JENNINGS, CRAIG S  
805 LIBERTY LANE  
WEST CARROLLTON, OH 45449

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VT  
BARHORST, STEVEN B  
805 LIBERTY LANE  
WEST CARROLLTON, OH 45449

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GABBARD, MICHAEL  
805 LIBERTY LANE  
WEST CARROLLTON, OH 45449

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
CHRISTIAN, ROGER  
805 LIBERTY LANE  
DAYTON, OH 45449

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**  **STEVE BARHORST** **4/26/07** **937-847-6200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT  
H0095798  
#F99000002852

MOTOMAN, INC.  
805 LIBERTY LANE  
WEST CARROLLTON, OHIO 45449  
FEIN: 31-1275631  
2/23/07

**OFFICERS AND DIRECTORS:**

Chairman of the Board & Chief Executive Officer:	Gen Kudo *
President & Chief Operating Officer :	Craig S. Jennings *
Senior Vice President & Presidential Advisor:	Kazumasa Okabe *
Director :	Masao Kitoh
Director :	Yoichi Sagara
Secretary :	Hugh E. Wall III
Sr. Vice President – Finance & Chief Financial Officer:	Steve Barhorst
Vice President, International Sales :	Roger D. Christian
Vice President, Human Resources :	Michael L. Gabbard
Vice President, Advanced Systems Group :	Don Hemberg
Vice President, Customer Service	Doug Schenher

\* Also a Director

**MAILING ADDRESS FOR OFFICERS AND DIRECTORS:**

MOTOMAN, INC.  
805 LIBERTY LANE  
WEST CARROLLTON, OHIO 45449