

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000002384

1. Entity Name
KALMAR INDUSTRIES USA LLC



Principal Place of Business
**415 E DUNDEE ST
OTTAWA, KS 66067**

Mailing Address
**415 E DUNDEE ST
OTTAWA, KS 66067**



04252008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0891083

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALLIN, LEIF
STREET ADDRESS	415 EAST DUNDEE
CITY- ST- ZIP	OTTAWA, KS 66067
TITLE	MGR
NAME	JOHANDER, ROGER
STREET ADDRESS	C/O KALMAR IND. AB, 341 81
CITY- ST- ZIP	LJUNGBY, SWEDEN.
TITLE	MGR
NAME	YLIVAKERI, RAIMO
STREET ADDRESS	C/O KALMAR IND. OYAB, FIN-33101
CITY- ST- ZIP	TAMPERE, FINLAND.
TITLE	CFO
NAME	MIKE, MANNING
STREET ADDRESS	415 E DUNDEE ST.
CITY- ST- ZIP	OTTAWA, KS 66067
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000942428
05/29/08-80019-010 138.75

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHUCK HOLT 785.229.1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #