

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Amended

-05-02-2003 90584 047 000000002384

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DOCUMENT # M02000002384

1. Entity Name

KI-NJ, LLC

KALMAR INDUSTRIES USA, LLC

1/8/03



FILED

03 MAY 20 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

21 ENGLEHARD DRIVE

21-ENGLEHARD DRIVE

415 E. DUNDEE ST.

MONROE TOWNSHIP NJ 08831

MONROE TOWNSHIP NJ 08831

415 E. DUNDEE STREET

OTTAWA, KS 66067

2. Principal Place of Business

3. Mailing Address

415 E. DUNDEE ST

415 E. DUNDEE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OTTAWA, KS

OTTAWA, KS

Zip Country

Zip Country

66067 USA

66067 USA

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 \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
TIRKKONEN, JORMA  
415 EAST DUNDEE  
OTTAWA KS 66067

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JOHANDER, ROGER  
C/O KALMAR IND. AB, 341 81  
LJUNGBY, SWEDEN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
YLIVAKERI, RAIMO  
C/O KALMAR IND. OYAB, FIN-33101  
TAMPERE, FINLAND

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

11. 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 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:

MEIGNA...

4-28-03

785-229-7124

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

Date

Daytime Phone #

CR2E083 (10/02)