

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00446 (5)  
1. Corporation Name  
YALE INDUSTRIAL PRODUCTS, INC.

Principal Place of Business  
C/O COLUMBUS MCKINNON CORP  
140 JOHN JAMES AUDUBON PKWY.  
AMHERST NY 14228-1197  
US

Mailing Address  
C/O COLUMBUS MCKINNON CORP  
140 JOHN JAMES AUDUBON PKWY.  
AMHERST NY 14228-1197  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/29/1983

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	71-0585582	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD LADDS, HERBERT P JR 140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1197	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TASO MONTGOMERY, ROBERT L 140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1197	2.1 TITLE	VTD
NAME		2.2 NAME	Montgomery, Robert L
STREET ADDRESS		2.3 STREET ADDRESS	140 John James Audubon Parkway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Amherst, NY 14228-1197
TITLE	VD TEVENS, TIMOTHY T 140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1197	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V LIBROCK, NED T 140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1197	4.1 TITLE	VD
NAME		4.2 NAME	Librock, Ned T
STREET ADDRESS		4.3 STREET ADDRESS	140 John James Audubon Parkway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Amherst, NY 14228-1197
TITLE	S DEMLER, LOIS H 140 JOHN JAMES AUDUBON PKWY AMHERST NY 14228-1197	5.1 TITLE	SD
NAME		5.2 NAME	Demler, Lois H
STREET ADDRESS		5.3 STREET ADDRESS	140 John James Audubon Parkway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Amherst, NY 14228-1197
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lois H. Demler*

Secretary

4/27/98

716-689-5409

CR2E034 (10/97)