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SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P00446 1. Corporation Name

YALE INDUSTRIAL PRODUCTS, INC.

riled
Inl 16 1000 Q.00 am
Jul 16, 1999 8:00 am
Secretary of State
Secretary of State
07 16 1000 00017 037 ***165 00

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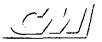
	JS MCKINNON CORP NES AUDUBON PKWY. 14228-1197	C/O COLUMBUS MCKINNON CORP 140 JOHN JAMES AUDUBON PKWY. AMHERST NY 14228-1197 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1983				
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For		
21 26						7.1-0585582		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, c			.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State City & State 23 28						6. Election Campaign Financing Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
Zip	Country	Zip 29	¬ ' -			8. This corporation owes the current year Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
				81 Name						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				82 St	treet Addr	Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				83						
				84 C	ity		85	Zip Code		
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										
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				signature requ	uired when reinstating) DAT		OTODO D. 10		
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS	AND DIRE			
TITLE	CPD DELETE 1.11						Char	nge Addition		
A COUNTY TATEO AND UPON DIGAR			1.2 NA		DECC					
į į	ALMIEDOT ANY 44000 4407			REET ADD! TY-ST•ZIP	MESS					
CITY-ST-ZIP	VTD DELETE 2.11						Chai	nge Addition		
NAME	MONTGOMERY, R L	E DECETE	2.2 NA	ME	ŀ			.,,		
STREET ADDRESS	A TO TOTAL TAKES AT INCIDION PROMI			REET ADDI	RESS		- :	•		
CITY-ST-ZIP	AMHERST NY 14228-1197		2.4 CF	TY-ST-ZIP						
TITLE	VD	DELETE	3.1 TII		PD)	Cha	nge Addition		
NAME	TEVENS, TIMOTHY T		3.2 NA	ME			. •			
STREET ADDRESS	140 JOHN JAMES AUDUBON	PKWY	3.3 STI	REET ADDI	RESS					
CITY-ST-ZIP	AMHERST NY 14228-1197		_	TY-ST-ZIP						
TITLE	VD	DELETE	4.1 T)1	TLE			Cha	nge L Addition		
NAME	LIBROCK, NED T		4.2 NA							
STREET ADDRESS	140 JOHN JAMES AUDUBON	PKWY		REET ADD	RESS					
CITY-ST-ZIP	AMHERST NY 14228-1197		4.4 CIT	TY-ST-Z <u>IP</u>				A 44855-		
TITLE	SD LOIS H	L DELETE			İ		Chai	nge Addition		
NAME STREET ADDRESS	DEMLER, LOIS H	DIMM	5.2 NA	REET ADDI	pess					
	140 JOHN JAMES AUDUBON AMHERST NY 14228-1197	PLAN I	- 1	KEET ADDI TY-ST-ZIP	ness					
CITY-ST-ZIP TITLE	AMPIERO I NJ 14220-119/	DELETE	6.1 Ti		-		Cha	nge Addition		
NAME			6.2 NA		1					
STREET ADDRESS				REET ADDI	RESS					
CITY-ST-ZIP				TY-ST-ZIP						
	wife that the information counting with	this filing door not qualify for t			ted in sec	tion 119 07(3)(i) Florida Statutes I further cer	tify that the	information		

I nereby certify that the information supplied with this filling 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 suppliemental 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:

716-689-5400

Daytime Phone #



COLUMBUS M°KINNON CORPORATION

140 JOHN JAMES AUDUBON PARKWAY AMHERST, NEW YORK 14228-1197 • 716/689-5400 • FAX: 716/689-5598

July 8, 1999

Division of Corporations Annual Report Filings PO Box 1500 Tallahassee, FL 32302-1500

RE: Document #P00446

The first notice was not received regarding the 1999 Annual Report for Yale Industrial Products, Inc., even after notification by Yale Industrial to the Division of Corporations. Therefore, the enclosed fee consists of \$165.00 and not the requested \$550.00.

Feel free to contact me with any questions.

Sincerely,

Laura P. Towers

Treasury Assistant