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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # F9600002311

Principal Place of Business

NACCO MATERIALS HANDLING GROUP, INC.

650 NE HOLLAI 1600	DAY ST	650 NE HOLLADAY ST 1600			
PORTLAND OR 97232		PORTLAND OR 97232			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
}		-			05/08/1996
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			90-0160700 Not Applicable
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional
22	·	27			Fee Required
City & Sta	ate	City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible
		0		Personal Property Tax.   ☐ Yes ☐ No	
	9. Name and Address of Curren	t Registered Agent		<del></del> -	10. Name and Address of New Registered Agent
	DODATION OFFICE COMPANY		81	Nam	me
	PORATION SERVICE COMPANY		82 Street Ad		eet Address (P.O. Box Number is Not Acceptable)
1	HAYS STREET		L		
TALL	AHASSEE FL 32301-2525		83		
			84	City	y 85 Zip Code
		•			' FL
11. Pursuan	t to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes,	the abov	e-name	ned corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was auth	orized by Statutes	the co	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Age	nt signatu	ture required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EKLUND, REGINALD R		1.2 NAME		
STREET ADDRESS	650 NE HOLLADAY ST #1600		1.3 STREE	TADORES	ESS
CITY-ST-ZIP	PORTLAND OR 97232		1.4 CITY-S	T-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE		Change Addition
NAME	HUI, JULIE C		2.2 NAME		
STREET ADDRESS	ATA NE 11011 10 11 0T #1000		2.3 STREE	T ADORES	ESS
CITY-ST-ZIP	PORTLAND OR 97232		2. 4 CITY - S	ST-ZIP	
TILE	S	☐ DELETE	3.1 TITLE		Change Addition
NAME	LEWIS. GEOFFREY D		3.2 NAME		
STREET ADDRESS			3.3 STREE	T ADDRES	ESS
CITY-ST-ZIP	PORTLAND OR 97232		3.4. CITY-5		
TITLE	T	☐ OELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATTERN, JEFFREY C		4. 2 NAME		
	650 NE HOLLADAY ST #1600		4.3 STREE	T ADDRE:	FSS
CITY-ST-ZIP	PORTLAND OR 97232		4.4 CITY-S		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MALM, STEPHEN M	_	5.2 NAME		
i	s 650 NE HOLLADAY ST #1600		5.3 STREE	T ADDRE	ESS
CITY-ST-ZIP	PORTLAND OR 97232		5.4 CITY-S		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BDOCAN MICHAEL		6.2 NAME		
STREET ADDRESS	BROGAN, MICHAEL		6.3 STREE	T ADDRF:	ESS
I STREET ADJURES:	arvin Emilia eat 1939	,			1

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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

MODENA ITALY

Geoffrey D. Lewis

503-721-6061

**FILED** 

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90130 013 \*\*\*150.00