2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600002311 1. Entity Name NACCO MATERIALS HANDLING GROUP, INC.					Jan 29, 2000 8:00 am Secretary of State 01-29-2000 90112 031 ***150.00				
Principal Place of Business		Mailing Address							
650 NE HOLLADAY ST 1600 PORTLAND OR 97232		650 NE HOLLADAY ST 1600 PORTLAND OR 97232-2035			1 1951(89 1/20		111 20 111 20 111 6 1	909	970
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WR	IITE IN THIS	SPACE	
City & State		City & State		4.	. FEI Number	90-01607	00		plied For It Applicable
Zip	Country	Zip	Country	5.	. Certificate of S	status Desired		\$8.75 Add	litional
 	6. Name and Address of Current R	egistered Agent	Name	. 7.	Name and Add	dress of New	Registered	Agent	
1201	PORATION SERVICE COMPANY HAYS STREET AHASSEE FL 32301-2525		[Idress (P.O.	Box Number is	Not Acceptab	FL	Zip Code	
9. This corporate filling records (See criter		FILE NOW! After MAY 1, 20 Make Check Payab	E: Registered Agent signatur !!! FEE IS \$150.0 100 Fee will be \$55	e required when 0 50.00 of State	10. Electio	n Campaign F und Contributi	DATE inancing on. [Added	0 May Be I to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D P REGINALD R 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	IRECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Willi 650 N	ADDITIONS/CH iam C. Ma !E Hollad land, OR	xwell ay St.,		DIRECTORS Change	S IN 11 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUI, JULIE C 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Ròbin €50 N	C. DesC E Hollad	amp ay St.,	#1 <i>€</i> 00	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEWIS, GEOFFREY D 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					_	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATTERN, JEFFREY C 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MALM, STEPHEN M 650 NE HOLLADAY ST #1600 PORTLAND OR 97232	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Brogan, Michael Via Emilia est 1439 Modena Italy	⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
indicated	certify that the information supplied with it on this report or supplemental report is to poration or the receiver or trustee empor or on an attachment with an address	rue and accurate and that n	ny signature shall ha as required by Chap	we the sami	e legal effect as orida Statutes; a	if made under	r oath; that I ne appears i	am an officer in Block 11 or	or director Block 12 if

SIGNATURE AND TIPES OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE: _

LII LD

1/21/00 503-721-6061 Date Daytime Phone #