Filing Fee: \$50.00 ID Number: 92227



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT

(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

trar	ransact business in the state of Rhode Island under a ficti	, ,
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is: Robert Abel & Co., Inc.	
2.	. The fictitious business name to be used is Abel-Wor	nack Integrated Handling Solutions
3.	The state or territory under the laws of which it is incorporated, organized or formed is Massachusetts	
4.	The date of incorporation, organization or formation is March 14, 1989	
5.	If a business corporation, the address of its registered office within Rhode Island is CT Corporation System, Registered Agent, 10 Weybosset Street, Providence, RI 02903	
6.	If a business corporation, the business in which it is engaged Material handling products and services	
7.		state of Rhode Island. Inder penalty of perjury, I declare that the information contained erein is true and correct.
Dat	Pate: March / 0 , 2004	Robert Abel & Co., Inc.
Jac	FILED	Name of Applicant Corporation, Limited Liability Company or Limited rship
	MAR 30 2004 By Cuc M 26155	Signature of Officer for the Corporation Title John L. Croce or
	of the seal of the	Signature of Authorized Person for the Limited Liability Company or
	L	Signature of Authorized Person for the Limited Padnership

Form No. 624 Revised: 01/99