

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>10/01/1988</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)			2b Employer Identification Number (EIN) <u>94-3049535</u>
			2c Sponsor's telephone number <u>510-745-7500</u>
<u>41400 BOYCE ROAD</u> <u>FREMONT, CA 94538</u>	<u>41400 BOYCE ROAD</u> <u>FREMONT, CA 94538</u>		2d Business code (see instructions) <u>493100</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2011</u>	<u>STACEY PASQUALE</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2011</u>	<u>STEPHEN RAYMOND</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RAYMOND HANDLING CONCEPTS CORPORATION 41400 BOYCE ROAD FREMONT, CA 94538	3b Administrator's EIN 94-3049535 3c Administrator's telephone number 510-745-7500
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	221
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	196
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	48
d Subtotal. Add lines 6a , 6b , and 6c	6d	244
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	245
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	209
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2S 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☒ ¹ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. RAYMOND HANDLING CONCEPTS CORPORATION		
D Employer Identification Number (EIN) 94-3049535		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	450231	0	01/01/2010	11/04/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
186	55

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
LPL FINANCIAL CORPORATION 9785 TOWNE CENTRE DR SAN DIEGO, CA 92121

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
186	55	REFERRAL/SERVICE FEE	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add **b** and **c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**

▶

(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 RAYMOND HANDLING CONCEPTS CORPORATION		D Employer Identification Number (EIN) 94-3049535

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 60	RECORDKEEPER	575	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

ASSOCIATED SECURITIES CORP

PO BOX 92403
LOS ANGELES, CA 90009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

LPL FINANCIAL CORPORATION

95-2834236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	ADVISOR	0	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ALLNZ NFJ SMCP VAL A - BOSTON FINAN	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AM CENT EQ INC A - AMERICAN CENTURY	0.25%	
44-0619208		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AM CENT HERITAGE A - AMERICAN CENTU	0.25%	
44-0619208		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
DREYFUS S&P 500 INDX - DREYFUS TRAN	0.15%	
13-5673135		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JPM INTL EQ INDEX A - BOSTON FINANC	0.30%	
04-2526037		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
OPPHMR EQUITY A - OPPENHEIMERFUNDS	0.25%	
13-2527171		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR MAIN STREET A - OPPENHEIMERF 13-2527171	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERKINS MID CP VAL S - JANUS SERVIC 43-1804048	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIM TOTAL RETURN A - BOSTON FINANCI 04-2526037	0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO GNMA A - BOSTON FINANCIAL DAT 04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA ASSET MGR 20% A - FIDELITY DISTR 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA ASSET MGR 50% A - FIDELITY DISTR 04-2270522	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA ASSET MGR 70% A - FIDELITY DISTR	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA BIOTECHNOLOGY A - FIDELITY DISTR	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA ELECTRONICS A - FIDELITY DISTRIB	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA EMERG MARKETS A - FIDELITY DISTR	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA FREEDOM 2015 A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA FREEDOM 2025 A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA FREEDOM 2035 A - FIDELITY DISTRI</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>LPL FINANCIAL CORPORATION</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">61</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA GOV INCOME A - FIDELITY DISTRIBU</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>LPL FINANCIAL CORPORATION</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">61</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA HEALTH CARE A - FIDELITY DISTRIB</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA INTL DISCOVERY A - FIDELITY DIST	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA LEV CO STOCK A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA NEW INSIGHTS A - FIDELITY DISTRI	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA REAL ESTATE A - FIDELITY DISTRIB</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>LPL FINANCIAL CORPORATION</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">61</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA SMALL CAP A - FIDELITY DISTRIBUT</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>LPL FINANCIAL CORPORATION</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">61</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FA STRAT INCOME A - FIDELITY DISTRIB</p> <p>04-2270522</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%</p>		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FA TECHNOLOGY A - FIDELITY DISTRIBU	\$1M-<\$4M=1.00% \$4M-<\$25M=0.50% \$25M+=0.25%	
04-2270522		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM INTL EQ INDEX A - JPMORGAN DIST	\$0-<\$4M=1.00% \$4M-<\$10M=0.75% \$10M-<\$50M=0.50% \$50M+=0.25%	
74-2945358		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LPL FINANCIAL CORPORATION	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR MAIN STREET A - OPPENHEIMERF	\$5M+=0.25%	
13-2953455		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ASSOCIATED SECURITIES CORP	61	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OPPHMR MAIN STREET A - OPPENHEIMERF 13-2953455	\$5M+=0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 RAYMOND HANDLING CONCEPTS CORPORATION				D Employer Identification Number (EIN) 94-3049535	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN US PROPERTY SEP ACCT-R5					
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY					
c EIN-PN 42-0127290-027		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 1	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 RAYMOND HANDLING CONCEPTS CORPORATION	D Employer Identification Number (EIN) 94-3049535	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	198	750
(2) Participant contributions	1b(2)	0	5184
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	726801	684943
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	404810	0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5872928	7806244
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7004737	8497121

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7004737	8497121
---	-----------	---------	---------

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	130230	
(B) Participants	2a(1)(B)	604415	
(C) Others (including rollovers)	2a(1)(C)	2882	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		737527
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	102	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		102
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	124526	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		124526
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		17589
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		868644
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1748388

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	247185	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		247185
f Corrective distributions (see instructions)	2f		8196
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	623	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		623
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		256004

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1492384
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MILLER, KAPLAN, ARASE & CO., LLP

(2) EIN: 95-2036255

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RAYMOND HANDLING CONCEPTS CORPORATION 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RAYMOND HANDLING CONCEPTS CORPORATION		D Employer Identification Number (EIN) 94-3049535
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

I N D E X

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT	1
EXHIBIT "A" - Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
EXHIBIT "B" - Statements of Changes in Net Assets Available for Benefits - January 1, 2010 to December 31, 2010 and January 1, 2009 to December 31, 2009	3
NOTES TO FINANCIAL STATEMENTS	4 - 10
<u>SUPPLEMENTAL SCHEDULE</u>	
SCHEDULE 1 - Schedule of Assets (Held At End of Year) - December 31, 2010	11

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Independent Auditors' Report

Trustees and Plan Administrative Committee
Raymond Handling Concepts Corporation
401(k) Plan
41400 Boyce Road
Fremont, California 94538-3113

We were engaged to audit the financial statements and supplemental schedule of the Raymond Handling Concepts Corporation 401(k) Plan as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee, and Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, the custodians, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee and custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009, for the year ended December 31, 2010 and the period April 1, 2009 to December 31, 2009, from the Principal Life Insurance Company as of December 31, 2009, for the year ended December 31, 2009 and for the period January 1, 2010 to November 2, 2010, and from Delaware Charter Guarantee & Trust Company for the period January 1, 2009 to April 1, 2009, that the information provided to the Plan administrator by the trustee and custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

August 30, 2011

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

EXHIBIT "A"

	<u>December 31, 2010</u>	<u>December 31, 2009</u>
<u>ASSETS</u>		
<u>INVESTMENTS, AT FAIR VALUE</u>		
Mutual Funds	\$ 8,491,187	\$ 6,599,729
Pooled Separate Accounts	<u>-</u>	<u>404,810</u>
<u>TOTAL INVESTMENTS</u>	<u>8,491,187</u>	<u>7,004,539</u>
<u>RECEIVABLES</u>		
Employer Contributions	750	198
Participant Contributions	<u>5,184</u>	<u>-</u>
<u>TOTAL RECEIVABLES</u>	<u>5,934</u>	<u>198</u>
<u>TOTAL ASSETS</u>	<u>8,497,121</u>	<u>7,004,737</u>
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>-</u>	<u>8,196</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 8,497,121</u>	<u>\$ 6,996,541</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2010 to December 31, 2010	January 1, 2009 to December 31, 2009
<u>ADDITIONS</u>		
<u>INVESTMENT INCOME</u>		
Dividends and Interest	\$ 124,628	\$ 77,521
Net Appreciation in Fair Value of Investments	<u>886,233</u>	<u>1,066,580</u>
<u>NET INVESTMENT INCOME</u>	<u>1,010,861</u>	<u>1,144,101</u>
<u>CONTRIBUTIONS</u>		
Employer	130,230	142,589
Participants	604,415	665,897
Rollovers	<u>2,882</u>	<u>15,822</u>
<u>TOTAL CONTRIBUTIONS</u>	<u>737,527</u>	<u>824,308</u>
<u>TOTAL ADDITIONS</u>	<u>1,748,388</u>	<u>1,968,409</u>
<u>DEDUCTIONS</u>		
Withdrawals and Distributions	247,185	325,334
Administrative Expenses	<u>623</u>	<u>573</u>
<u>TOTAL DEDUCTIONS</u>	<u>247,808</u>	<u>325,907</u>
<u>NET INCREASE</u>	1,500,580	1,642,502
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>BEGINNING OF YEAR</u>	<u>6,996,541</u>	<u>5,354,039</u>
<u>END OF YEAR</u>	<u>\$ 8,497,121</u>	<u>\$ 6,996,541</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Raymond Handling Concepts Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan that was established in 1988 by Raymond Handling Concepts Corporation (the "Company") to provide retirement benefits to eligible employees. The Plan was amended in 2010 to revise contribution provisions (Note 1-C). The Plan was amended effective April 1, 2009 to designate Fidelity Management Trust Company ("Fidelity") directed trustee of the Plan. Fidelity concurrently succeeded Principal Life Insurance Company ("Principal") and Delaware Charter Guarantee & Trust Company as custodian of Plan investments. An affiliate of Fidelity succeeded Principal as third party administrator.

The Plan was amended and restated in its entirety effective October 16, 2009 to comply with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) and other legislative changes. The Plan administrator believes the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Eligibility

All employees of the Company who are age 18 or older are eligible for the Plan. There is no service requirement. Eligible employees may enter the Plan on the first day of the quarter following their date of hire.

C. Contributions

Eligible participants may elect to make pre-tax contributions, Roth after-tax contributions or a combination of both to the Plan up to the maximum amount permitted under provisions of the Code. Participants of age 50 or older may make additional catch-up contributions, subject to applicable Code limits. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans. Such contributions are invested in accordance with participant directions and Plan provisions.

The Plan was amended in 2010 to auto-enroll eligible employees who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, at a deferral rate of 3% of compensation.

The Company may make discretionary matching contributions as defined in the Plan and as approved by the Board of Directors. In 2010 and 2009, the Company matched 35% of the first 10% of compensation deferred by participants to a maximum of \$1,500. The Plan also allows for discretionary profit sharing contributions. No discretionary profit sharing contributions were made for 2010 or 2009.

D. Vesting and Forfeitures

Participants are immediately 100% vested in amounts attributable to their salary deferrals and rollover contributions. Participants vest 20% annually in Company contributions and become fully vested after 5 years of service.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Vesting and Forfeitures (Continued)

Forfeitures may be used to offset Plan expenses or reduce future Company contributions. Forfeiture activity for the years ended December 31 is as follows:

<u>Forfeiture Account Balance</u>	<u>2010</u>	<u>2009</u>
Beginning of Year	\$ 1,891	\$ 1,539
Amounts Forfeited	5,902	5,468
Investment Gains	306	435
Forfeitures Used to Reduce Company Contributions	<u>(5,367)</u>	<u>(5,551)</u>
End of Year	<u>\$ 2,732</u>	<u>\$ 1,891</u>

E. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions and the participant's share of investment earnings or losses. Plan assets are invested based solely on instructions received from participants.

Contributions allocated to the accounts of participants who decline to make an investment election are invested in the Fidelity Advisor Freedom Fund appropriate for an individual's age and projected date of retirement. Each of the Fidelity Advisor Freedom Funds offered under the Plan consists of a portfolio of mutual funds chosen to meet an investment strategy appropriate for a participant who will reach retirement age at a specified date in the future.

F. Payment of Benefits

Normal retirement age under the Plan is age 65. Upon termination of service, death, disability or retirement, a participant or beneficiary may choose to maintain his or her account in the Plan or to receive benefits in a lump sum equal to the value of the participant's account. Hardship withdrawals are permitted under limited circumstances. Benefits are recorded when paid.

G. Subsequent Events

Management has evaluated subsequent events through August 30, 2011, the date on which the financial statements were available to be issued. There are no other subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan maintains its accounting records on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

B. Investment Valuation and Income Recognition

Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Mutual fund capital gains distributions are included in dividend income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

D. Expenses

Fund operating expenses are incurred directly by the fund and are therefore factored into each fund's value as a reduction in investment return. The Company pays a majority of other costs incurred for administering the Plan.

E. Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 3 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIANS

In accordance with CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, all of the information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2010 and 2009, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity as of December 31, 2010 and 2009, for the year ended December 31, 2010 and the period April 1, 2009 to December 31, 2009, from Principal as of December 31, 2009, for the year ended December 31, 2009 and for the period January 1, 2010 to November 2, 2010, and from Delaware Charter Guarantee & Trust Company for the period January 1, 2009 to April 1, 2009. The following table presents the fair values of investments and investment funds that include 5% or more of the Plan's net assets available for benefits at December 31:

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 3 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIANS (Continued)

	<u>2010</u>	<u>2009</u>
Dreyfus S&P 500 Index Fund	\$ 458,163	\$ 356,142
Fidelity Advisor New Insights Fund	444,540	353,552
Fidelity Advisor Asset Manager 20% Fund	580,827	446,246
Fidelity Advisor Asset Manager 50% Fund	765,091	615,842
Fidelity Advisor Asset Manager 70% Fund	1,464,030	1,240,608
Fidelity Prime Fund	684,943	726,801
Fidelity Advisor International Discovery Fund	505,734	440,309
Fidelity Advisor Real Estate Fund	473,194	*
Fidelity Advisor Technology Fund	807,483	674,555
Principal U.S. Property Separate Account	-	404,810
Other Investments Individually Less than 5% of		
Net Assets Available for Benefits	<u>2,307,182</u>	<u>1,745,674</u>
	<u>\$ 8,491,187</u>	<u>\$ 7,004,539</u>

* Fair value is less than 5% of net assets available for benefits.

Certified dividend and interest earnings were \$124,628 and \$77,521 for 2010 and 2009, respectively.

Certified net appreciation (depreciation) in fair value of Plan investments (including gains and losses on investments bought and sold, as well as held during the year) was as follows for the years ended December 31:

	<u>2010</u>	<u>2009</u>
Mutual Funds	\$ 868,644	\$ 1,564,170
Pooled Separate Accounts	<u>17,589</u>	<u>(497,590)</u>
	<u>\$ 886,233</u>	<u>\$ 1,066,580</u>

NOTE 4 - PLAN TERMINATION

Although it has not expressed intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of the participants affected by a partial or complete termination of the Plan are nonforfeitable and will be determined as of the termination date, which will be treated as the valuation date.

NOTE 5 - INCOME TAX STATUS

The Company adopted a volume submitter plan document that has received an opinion letter from the Internal Revenue Service stating that the form of the Plan qualifies under applicable provisions of the Code. The Company believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from Federal income and state franchise taxes.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 5 - INCOME TAX STATUS (Continued)

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Plan administrator believes the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance. Information returns for tax years for which the applicable statutes of limitations have not expired are subject to examination by authorities.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by affiliates of the trustee or custodians. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 7 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy which prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are based on quoted prices in an active market. Level 2 inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Units of the pooled separate accounts investment held by the Plan at December 31, 2009 are valued at the fair value per unit reported by the issuer. The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large Cap	\$ 1,126,891	\$ -	\$ -	\$ 1,126,891
Small and Mid Cap	940,265	-	-	940,265
Balanced Asset Allocation	3,215,972	-	-	3,215,972
Bond and Fixed Income	1,172,255	-	-	1,172,255
International	538,216	-	-	538,216
Sector and Specialty	1,497,588	-	-	1,497,588
	<u>\$ 8,491,187</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,491,187</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large Cap	\$ 913,270	\$ -	\$ -	\$ 913,270
Small and Mid Cap	719,866	-	-	719,866
Balanced Asset Allocation	2,559,699	-	-	2,559,699
Bond and Fixed Income	1,102,044	-	-	1,102,044
International	540,031	-	-	540,031
Sector and Specialty	764,819	-	-	764,819
Pooled Separate Accounts -				
U.S. Property Account	-	-	404,810	404,810
	<u>\$ 6,599,729</u>	<u>\$ -</u>	<u>\$ 404,810</u>	<u>\$ 7,004,539</u>

The following table reconciles the beginning and ending fair value of the Plan's Level 3 securities:

	Principal U.S. Property Separate Account
Balance, December 31, 2008	\$ 576,680
Purchases, Sales, Issuances and Settlements (Net)	15,711
Realized and Unrealized Losses	<u>(187,581)</u>
Balance, December 31, 2009	404,810
Purchases, Sales, Issuances and Settlements (Net)	(422,399)
Realized Gains	<u>17,589</u>
Balance, December 31, 2010	<u>\$ -</u>

In September 2008, Principal restricted payment of withdrawal requests from its U.S. Property Separate Account due to illiquidity of the account's underlying real estate investments. The Plan administrator requested the liquidation of the Plan's holdings in this account and the transfer of sales proceeds to Fidelity in 2009. Principal honors such withdrawal requests on a pro rata basis, and the timing and amount of redemptions are made at Principal's discretion. Principal permitted the redemption of the remaining units of the U.S. Property Separate Account held by the Plan during 2010 and the sales proceeds were transferred to Fidelity.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The differences between the information reported in the financial statements and the information reported in the Form 5500 arise primarily from the accrual of excess contributions refundable in the 2009 financial statements.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	<u>December 31,</u>	
	<u>2010</u>	<u>2009</u>
Net Assets Available for Benefits per the Financial Statements	\$ 8,497,121	\$ 6,996,541
Excess Contributions Refundable	<u>-</u>	<u>8,196</u>
Net Assets per the Form 5500	<u>\$ 8,497,121</u>	<u>\$ 7,004,737</u>
Total Deductions per the Financial Statements	\$ 247,808	
December 31, 2009 Excess Contributions Refundable	<u>8,196</u>	
Total Expenses per the Form 5500	<u>\$ 256,004</u>	

SUPPLEMENTAL SCHEDULE

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-3049535; PLAN NO. 001
DECEMBER 31, 2010

Identity of Issuer	Description of Investment	Fair Value
Fidelity Management Trust Company*	<u>Mutual Funds</u>	
	American Century Equity Income Fund	\$ 100,701
	Dreyfus S&P 500 Index Fund	458,163
	Fidelity Advisor Equity Income Fund	3,520
	Fidelity Advisor New Insights Fund	444,540
	Oppenheimer Main Street Fund	119,967
	American Century Heritage Fund	353,535
	Fidelity Advisor Leveraged Company Stock Fund	171,217
	Perkins Mid Cap Value Fund	215,464
	Allianz NFJ Small Cap Fund	193,846
	Fidelity Advisor Small Cap Fund	6,203
	Fidelity Advisor Asset Manager 20% Fund	580,827
	Fidelity Advisor Asset Manager 50% Fund	765,091
	Fidelity Advisor Asset Manager 70% Fund	1,464,030
	Fidelity Advisor Freedom 2010 Fund	1,834
	Fidelity Advisor Freedom 2015 Fund	22,113
	Fidelity Advisor Freedom 2020 Fund	682
	Fidelity Advisor Freedom 2025 Fund	22,562
	Fidelity Advisor Freedom 2030 Fund	33,111
	Fidelity Advisor Freedom 2035 Fund	15,430
	Fidelity Advisor Freedom 2040 Fund	272,592
	Fidelity Advisor Freedom 2045 Fund	29,551
	Fidelity Advisor Freedom 2050 Fund	8,149
	Fidelity Prime Fund	684,943
	Fidelity Advisor Government Income Fund	28,710
	Fidelity Advisor Strategic Income Fund	48,674
	PIMCO GNMA Fund	2,172
	PIMCO Total Return Fund	407,756
	Fidelity Advisor Emerging Markets Fund	31,846
	Fidelity Advisor International Discovery Fund	505,734
	JPM International Equity Index Fund	636
	Fidelity Advisor Materials Fund	609
	Fidelity Advisor Telecom Fund	562
	Fidelity Advisor Gold Fund	91,290
	Fidelity Advisor Consumer Staples Fund	765
	Fidelity Advisor Consumer Discretionary Fund	67,614
	Fidelity Advisor Biotechnology Fund	21,150
	Fidelity Advisor Electronics Fund	1,813
	Fidelity Advisor Healthcare Fund	32,064
	Fidelity Advisor Energy Fund	1,034
	Fidelity Advisor Financial Services Fund	10
	Fidelity Advisor Real Estate Fund	473,194
	Fidelity Advisor Technology Fund	807,483
		<u>\$ 8,491,187</u>

* Party-in-Interest

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

I N D E X

	<u>Page No.</u>
INDEPENDENT AUDITORS' REPORT	1
EXHIBIT "A" - Statements of Net Assets Available for Benefits as of December 31, 2010 and 2009	2
EXHIBIT "B" - Statements of Changes in Net Assets Available for Benefits - January 1, 2010 to December 31, 2010 and January 1, 2009 to December 31, 2009	3
NOTES TO FINANCIAL STATEMENTS	4 - 10
<u>SUPPLEMENTAL SCHEDULE</u>	
SCHEDULE 1 - Schedule of Assets (Held At End of Year) - December 31, 2010	11

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Independent Auditors' Report

Trustees and Plan Administrative Committee
Raymond Handling Concepts Corporation
401(k) Plan
41400 Boyce Road
Fremont, California 94538-3113

We were engaged to audit the financial statements and supplemental schedule of the Raymond Handling Concepts Corporation 401(k) Plan as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee, and Principal Life Insurance Company and Delaware Charter Guarantee & Trust Company, the custodians, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee and custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2010 and 2009, for the year ended December 31, 2010 and the period April 1, 2009 to December 31, 2009, from the Principal Life Insurance Company as of December 31, 2009, for the year ended December 31, 2009 and for the period January 1, 2010 to November 2, 2010, and from Delaware Charter Guarantee & Trust Company for the period January 1, 2009 to April 1, 2009, that the information provided to the Plan administrator by the trustee and custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee and custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Miller, Kaplan, Arase & Co., LLP

MILLER, KAPLAN, ARASE & CO., LLP

August 30, 2011

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

EXHIBIT "A"

	<u>December 31, 2010</u>	<u>December 31, 2009</u>
<u>ASSETS</u>		
<u>INVESTMENTS, AT FAIR VALUE</u>		
Mutual Funds	\$ 8,491,187	\$ 6,599,729
Pooled Separate Accounts	<u>-</u>	<u>404,810</u>
<u>TOTAL INVESTMENTS</u>	<u>8,491,187</u>	<u>7,004,539</u>
<u>RECEIVABLES</u>		
Employer Contributions	750	198
Participant Contributions	<u>5,184</u>	<u>-</u>
<u>TOTAL RECEIVABLES</u>	<u>5,934</u>	<u>198</u>
<u>TOTAL ASSETS</u>	<u>8,497,121</u>	<u>7,004,737</u>
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>-</u>	<u>8,196</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 8,497,121</u>	<u>\$ 6,996,541</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2010 to December 31, 2010	January 1, 2009 to December 31, 2009
<u>ADDITIONS</u>		
<u>INVESTMENT INCOME</u>		
Dividends and Interest	\$ 124,628	\$ 77,521
Net Appreciation in Fair Value of Investments	<u>886,233</u>	<u>1,066,580</u>
<u>NET INVESTMENT INCOME</u>	<u>1,010,861</u>	<u>1,144,101</u>
<u>CONTRIBUTIONS</u>		
Employer	130,230	142,589
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Rollovers	<u>2,882</u>	<u>15,822</u>
<u>TOTAL CONTRIBUTIONS</u>	<u>737,527</u>	<u>824,308</u>
<u>TOTAL ADDITIONS</u>	<u>1,748,388</u>	<u>1,968,409</u>
<u>DEDUCTIONS</u>		
Withdrawals and Distributions	247,185	325,334
Administrative Expenses	<u>623</u>	<u>573</u>
<u>TOTAL DEDUCTIONS</u>	<u>247,808</u>	<u>325,907</u>
<u>NET INCREASE</u>	1,500,580	1,642,502
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>BEGINNING OF YEAR</u>	<u>6,996,541</u>	<u>5,354,039</u>
<u>END OF YEAR</u>	<u>\$ 8,497,121</u>	<u>\$ 6,996,541</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN

The following brief description of the Raymond Handling Concepts Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

A. General

The Plan is a defined contribution plan that was established in 1988 by Raymond Handling Concepts Corporation (the "Company") to provide retirement benefits to eligible employees. The Plan was amended in 2010 to revise contribution provisions (Note 1-C). The Plan was amended effective April 1, 2009 to designate Fidelity Management Trust Company ("Fidelity") directed trustee of the Plan. Fidelity concurrently succeeded Principal Life Insurance Company ("Principal") and Delaware Charter Guarantee & Trust Company as custodian of Plan investments. An affiliate of Fidelity succeeded Principal as third party administrator.

The Plan was amended and restated in its entirety effective October 16, 2009 to comply with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) and other legislative changes. The Plan administrator believes the Plan is designed and operated in compliance with the applicable requirements of the Internal Revenue Code (the "Code") and provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

B. Eligibility

All employees of the Company who are age 18 or older are eligible for the Plan. There is no service requirement. Eligible employees may enter the Plan on the first day of the quarter following their date of hire.

C. Contributions

Eligible participants may elect to make pre-tax contributions, Roth after-tax contributions or a combination of both to the Plan up to the maximum amount permitted under provisions of the Code. Participants of age 50 or older may make additional catch-up contributions, subject to applicable Code limits. Participants are also allowed to make rollover contributions of amounts received from other tax-qualified retirement plans. Such contributions are invested in accordance with participant directions and Plan provisions.

The Plan was amended in 2010 to auto-enroll eligible employees who do not make an affirmative election to defer compensation to the Plan, including an election not to defer, at a deferral rate of 3% of compensation.

The Company may make discretionary matching contributions as defined in the Plan and as approved by the Board of Directors. In 2010 and 2009, the Company matched 35% of the first 10% of compensation deferred by participants to a maximum of \$1,500. The Plan also allows for discretionary profit sharing contributions. No discretionary profit sharing contributions were made for 2010 or 2009.

D. Vesting and Forfeitures

Participants are immediately 100% vested in amounts attributable to their salary deferrals and rollover contributions. Participants vest 20% annually in Company contributions and become fully vested after 5 years of service.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

D. Vesting and Forfeitures (Continued)

Forfeitures may be used to offset Plan expenses or reduce future Company contributions. Forfeiture activity for the years ended December 31 is as follows:

<u>Forfeiture Account Balance</u>	<u>2010</u>	<u>2009</u>
Beginning of Year	\$ 1,891	\$ 1,539
Amounts Forfeited	5,902	5,468
Investment Gains	306	435
Forfeitures Used to Reduce Company Contributions	<u>(5,367)</u>	<u>(5,551)</u>
End of Year	<u>\$ 2,732</u>	<u>\$ 1,891</u>

E. Participant Accounts

Each participant's account is credited with the participant's contributions, rollovers, Company contributions and the participant's share of investment earnings or losses. Plan assets are invested based solely on instructions received from participants.

Contributions allocated to the accounts of participants who decline to make an investment election are invested in the Fidelity Advisor Freedom Fund appropriate for an individual's age and projected date of retirement. Each of the Fidelity Advisor Freedom Funds offered under the Plan consists of a portfolio of mutual funds chosen to meet an investment strategy appropriate for a participant who will reach retirement age at a specified date in the future.

F. Payment of Benefits

Normal retirement age under the Plan is age 65. Upon termination of service, death, disability or retirement, a participant or beneficiary may choose to maintain his or her account in the Plan or to receive benefits in a lump sum equal to the value of the participant's account. Hardship withdrawals are permitted under limited circumstances. Benefits are recorded when paid.

G. Subsequent Events

Management has evaluated subsequent events through August 30, 2011, the date on which the financial statements were available to be issued. There are no other subsequent events that require recognition or additional disclosure in the Plan's financial statements.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

The Plan maintains its accounting records on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

B. Investment Valuation and Income Recognition

Plan investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (Note 7).

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

B. Investment Valuation and Income Recognition (Continued)

Purchases and sales of investments are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Mutual fund capital gains distributions are included in dividend income. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

C. Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

D. Expenses

Fund operating expenses are incurred directly by the fund and are therefore factored into each fund's value as a reduction in investment return. The Company pays a majority of other costs incurred for administering the Plan.

E. Risks and Uncertainties

The Plan provides for various investment options in any combination of investment securities offered by the Plan. Investment securities are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the risk associated with certain investment securities, it is at least reasonably possible that changes in market values, interest rates or other factors in the near term would materially affect participant account balances and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

NOTE 3 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIANS

In accordance with CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, all of the information disclosed in the accompanying financial statements and supplemental schedule including investments held at December 31, 2010 and 2009, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2010 and 2009, were obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity as of December 31, 2010 and 2009, for the year ended December 31, 2010 and the period April 1, 2009 to December 31, 2009, from Principal as of December 31, 2009, for the year ended December 31, 2009 and for the period January 1, 2010 to November 2, 2010, and from Delaware Charter Guarantee & Trust Company for the period January 1, 2009 to April 1, 2009. The following table presents the fair values of investments and investment funds that include 5% or more of the Plan's net assets available for benefits at December 31:

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 3 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE AND CUSTODIANS (Continued)

	<u>2010</u>	<u>2009</u>
Dreyfus S&P 500 Index Fund	\$ 458,163	\$ 356,142
Fidelity Advisor New Insights Fund	444,540	353,552
Fidelity Advisor Asset Manager 20% Fund	580,827	446,246
Fidelity Advisor Asset Manager 50% Fund	765,091	615,842
Fidelity Advisor Asset Manager 70% Fund	1,464,030	1,240,608
Fidelity Prime Fund	684,943	726,801
Fidelity Advisor International Discovery Fund	505,734	440,309
Fidelity Advisor Real Estate Fund	473,194	*
Fidelity Advisor Technology Fund	807,483	674,555
Principal U.S. Property Separate Account	-	404,810
Other Investments Individually Less than 5% of		
Net Assets Available for Benefits	<u>2,307,182</u>	<u>1,745,674</u>
	<u>\$ 8,491,187</u>	<u>\$ 7,004,539</u>

* Fair value is less than 5% of net assets available for benefits.

Certified dividend and interest earnings were \$124,628 and \$77,521 for 2010 and 2009, respectively.

Certified net appreciation (depreciation) in fair value of Plan investments (including gains and losses on investments bought and sold, as well as held during the year) was as follows for the years ended December 31:

	<u>2010</u>	<u>2009</u>
Mutual Funds	\$ 868,644	\$ 1,564,170
Pooled Separate Accounts	<u>17,589</u>	<u>(497,590)</u>
	<u>\$ 886,233</u>	<u>\$ 1,066,580</u>

NOTE 4 - PLAN TERMINATION

Although it has not expressed intent to do so, the Company has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. The accounts of the participants affected by a partial or complete termination of the Plan are nonforfeitable and will be determined as of the termination date, which will be treated as the valuation date.

NOTE 5 - INCOME TAX STATUS

The Company adopted a volume submitter plan document that has received an opinion letter from the Internal Revenue Service stating that the form of the Plan qualifies under applicable provisions of the Code. The Company believes that the Plan is operated in accordance with, and qualifies under, the applicable requirements of the Code and related state statutes, and that the trust, which forms a part of the Plan, is exempt from Federal income and state franchise taxes.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 5 - INCOME TAX STATUS (Continued)

The Plan has adopted guidance on accounting for uncertainty in income taxes issued by the Financial Accounting Standards Board. The Plan administrator believes the Plan has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance. Information returns for tax years for which the applicable statutes of limitations have not expired are subject to examination by authorities.

NOTE 6 - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by affiliates of the trustee or custodians. Any purchases and sales of these funds are performed in the open market at fair value. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibitions of party-in-interest transactions under ERISA.

NOTE 7 - FAIR VALUE MEASUREMENTS

Accounting guidance on measuring fair value establishes a hierarchy which prioritizes valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Under the fair value hierarchy Level 1 inputs are based on quoted prices in an active market. Level 2 inputs are based on quoted prices for similar instruments and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data. Level 3 inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability.

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end. Units of the pooled separate accounts investment held by the Plan at December 31, 2009 are valued at the fair value per unit reported by the issuer. The following tables summarize the Plan's investments at December 31 based on the inputs used to value them:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large Cap	\$ 1,126,891	\$ -	\$ -	\$ 1,126,891
Small and Mid Cap	940,265	-	-	940,265
Balanced Asset Allocation	3,215,972	-	-	3,215,972
Bond and Fixed Income	1,172,255	-	-	1,172,255
International	538,216	-	-	538,216
Sector and Specialty	1,497,588	-	-	1,497,588
	<u>\$ 8,491,187</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,491,187</u>

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

NOTE 7 - FAIR VALUE MEASUREMENTS (Continued)

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Large Cap	\$ 913,270	\$ -	\$ -	\$ 913,270
Small and Mid Cap	719,866	-	-	719,866
Balanced Asset Allocation	2,559,699	-	-	2,559,699
Bond and Fixed Income	1,102,044	-	-	1,102,044
International	540,031	-	-	540,031
Sector and Specialty	764,819	-	-	764,819
Pooled Separate Accounts -				
U.S. Property Account	-	-	404,810	404,810
	<u>\$ 6,599,729</u>	<u>\$ -</u>	<u>\$ 404,810</u>	<u>\$ 7,004,539</u>

The following table reconciles the beginning and ending fair value of the Plan's Level 3 securities:

	Principal U.S. Property Separate Account
Balance, December 31, 2008	\$ 576,680
Purchases, Sales, Issuances and Settlements (Net)	15,711
Realized and Unrealized Losses	<u>(187,581)</u>
Balance, December 31, 2009	404,810
Purchases, Sales, Issuances and Settlements (Net)	(422,399)
Realized Gains	<u>17,589</u>
Balance, December 31, 2010	<u>\$ -</u>

In September 2008, Principal restricted payment of withdrawal requests from its U.S. Property Separate Account due to illiquidity of the account's underlying real estate investments. The Plan administrator requested the liquidation of the Plan's holdings in this account and the transfer of sales proceeds to Fidelity in 2009. Principal honors such withdrawal requests on a pro rata basis, and the timing and amount of redemptions are made at Principal's discretion. Principal permitted the redemption of the remaining units of the U.S. Property Separate Account held by the Plan during 2010 and the sales proceeds were transferred to Fidelity.

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

The differences between the information reported in the financial statements and the information reported in the Form 5500 arise primarily from the accrual of excess contributions refundable in the 2009 financial statements.

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (Continued)

	<u>December 31,</u>	
	<u>2010</u>	<u>2009</u>
Net Assets Available for Benefits per the Financial Statements	\$ 8,497,121	\$ 6,996,541
Excess Contributions Refundable	<u>-</u>	<u>8,196</u>
Net Assets per the Form 5500	<u>\$ 8,497,121</u>	<u>\$ 7,004,737</u>
Total Deductions per the Financial Statements	\$ 247,808	
December 31, 2009 Excess Contributions Refundable	<u>8,196</u>	
Total Expenses per the Form 5500	<u>\$ 256,004</u>	

SUPPLEMENTAL SCHEDULE

RAYMOND HANDLING CONCEPTS CORPORATION 401(k) PLAN
FORM 5500
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 94-3049535; PLAN NO. 001
DECEMBER 31, 2010

Identity of Issuer	Description of Investment	Fair Value
Fidelity Management Trust Company*	<u>Mutual Funds</u>	
	American Century Equity Income Fund	\$ 100,701
	Dreyfus S&P 500 Index Fund	458,163
	Fidelity Advisor Equity Income Fund	3,520
	Fidelity Advisor New Insights Fund	444,540
	Oppenheimer Main Street Fund	119,967
	American Century Heritage Fund	353,535
	Fidelity Advisor Leveraged Company Stock Fund	171,217
	Perkins Mid Cap Value Fund	215,464
	Allianz NFJ Small Cap Fund	193,846
	Fidelity Advisor Small Cap Fund	6,203
	Fidelity Advisor Asset Manager 20% Fund	580,827
	Fidelity Advisor Asset Manager 50% Fund	765,091
	Fidelity Advisor Asset Manager 70% Fund	1,464,030
	Fidelity Advisor Freedom 2010 Fund	1,834
	Fidelity Advisor Freedom 2015 Fund	22,113
	Fidelity Advisor Freedom 2020 Fund	682
	Fidelity Advisor Freedom 2025 Fund	22,562
	Fidelity Advisor Freedom 2030 Fund	33,111
	Fidelity Advisor Freedom 2035 Fund	15,430
	Fidelity Advisor Freedom 2040 Fund	272,592
	Fidelity Advisor Freedom 2045 Fund	29,551
	Fidelity Advisor Freedom 2050 Fund	8,149
	Fidelity Prime Fund	684,943
	Fidelity Advisor Government Income Fund	28,710
	Fidelity Advisor Strategic Income Fund	48,674
	PIMCO GNMA Fund	2,172
	PIMCO Total Return Fund	407,756
	Fidelity Advisor Emerging Markets Fund	31,846
	Fidelity Advisor International Discovery Fund	505,734
	JPM International Equity Index Fund	636
	Fidelity Advisor Materials Fund	609
	Fidelity Advisor Telecom Fund	562
	Fidelity Advisor Gold Fund	91,290
	Fidelity Advisor Consumer Staples Fund	765
	Fidelity Advisor Consumer Discretionary Fund	67,614
	Fidelity Advisor Biotechnology Fund	21,150
	Fidelity Advisor Electronics Fund	1,813
	Fidelity Advisor Healthcare Fund	32,064
	Fidelity Advisor Energy Fund	1,034
	Fidelity Advisor Financial Services Fund	10
	Fidelity Advisor Real Estate Fund	473,194
	Fidelity Advisor Technology Fund	807,483
		<u>\$ 8,491,187</u>

* Party-in-Interest