FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

(1)

FILED
95 JAN 27 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40406 (1)

1. Corporation Name
PIERCE MANUFACTURING INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 2017~~ APPLETON WI ~~54913-2017~~	P.O. BOX 2017 APPLETON WI 54913-2017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1992
3a. Date of Last Report: 03/07/1994

2. Principal Place of Business
21 2600 American Drive
22 Suite, Apt. #, etc.
23 City & State: Appleton WI
24 Zip: 54915 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 39-0139830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TEN-8 FIRE EQUIPMENT, INC.
2904 59TH AVENUE DR., EAST
BRADENTON FL 34203

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D ☒ Change ☐ Addition
NAME	BOLDT, OSCAR	1.2 NAME	Boldt Oscar
STREET ADDRESS	2601 ROEMER ROAD	1.3 STREET ADDRESS	NO LONGER A DIRECTOR
CITY-ST-ZIP	APPLETON WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V ☐ Change ☒ Addition
NAME	KOESTER, A. KIPP	2.2 NAME	Peter M. Jansen
STREET ADDRESS	720 E. WISCONSIN AVENUE	2.3 STREET ADDRESS	790 Sunshine Lane
CITY-ST-ZIP	MILWAUKEE WI	2.4 CITY-ST-ZIP	Neenah WI
TITLE	DV	3.1 TITLE	V ☐ Change ☒ Addition
NAME	OGILVIE, DAVID A.	3.2 NAME	Lloyd DeWald
STREET ADDRESS	W8546 WHITETAIL TRAIL	3.3 STREET ADDRESS	3600 North Rankin
CITY-ST-ZIP	HORTONVILLE WI	3.4 CITY-ST-ZIP	Appleton WI
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	OGILVIE, DOUGLAS A.	4.2 NAME	
STREET ADDRESS	W8202 U.S. HIGHWAY 10	4.3 STREET ADDRESS	
CITY-ST-ZIP	HORTONVILLE WI	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	REESE, MICHAEL R.	5.2 NAME	
STREET ADDRESS	1108 EAST OVERLAND RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	APPLETON WI	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	WICKHAM, GAIL M.	6.2 NAME	
STREET ADDRESS	W6049 GREENVILLE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GREENVILLE WI	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail M. Wickham 1-16-95 414-832-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #
Gail M. Wickham, Secretary

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