FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P40406 (1)

1. Corporation Name

PIERCE MANUFACTURING INC.

Principal Place of Business

2600 AMERICAN DRIVE
APPLETON WI 54915
US

Mailing Address

P.O. BOX 2017
APPLETON WI 54913-2017

3. Date Incorporated or Qualified: 09/10/1992

3a. Date of Last Report: 01/27/1995

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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
Signature, typed or printed name of registered agent and title if applicable (REQUIRED when changing Registered Agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KOESTER, A. KIPP	
STREET ADDRESS	720 E. WISCONSIN AVENUE	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE	DV	☐ DELETE
NAME	OGILVIE, DAVID A.	
STREET ADDRESS	W8546 WHITETAIL TRAIL	
CITY-ST-ZIP	HORTONVILLE WI	
TITLE	D	☐ DELETE
NAME	OGILVIE, DOUGLAS A.	
STREET ADDRESS	W8202 U.S. HIGHWAY 10	
CITY-ST-ZIP	HORTONVILLE WI	
TITLE	P	☐ DELETE
NAME	REESE, MICHAEL R.	
STREET ADDRESS	1108 EAST OVERLAND RD	
CITY-ST-ZIP	APPLETON WI	
TITLE	S	☐ DELETE
NAME	WICKHAM, GAIL M.	
STREET ADDRESS	W6649 GREENVILLE DRIVE	
CITY-ST-ZIP	GREENVILLE WI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail M. Wickham, Secretary

Date: 1-19-96

Daytime Phone #: (414) 832-3000