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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
2600 AMERICAN DRIVE APPLETON WI 54915 US	P.O. BOX 2017 APPLETON WI 54913-2017

3. Date Incorporated or Qualified: 09/10/1992
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

5. Certificate of Status Desired: XX — **$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	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KOESTER, A. KIPP		1.2 NAME	R. Eugene Goodson	
STREET ADDRESS	720 E. WISCONSIN AVENUE		1.3 STREET ADDRESS	1545 Arboretum Drive	
CITY-ST-ZIP	MILWAUKEE WI		1.4 CITY-ST-ZIP	Oshkosh, WI 54901	
TITLE	DV	☒ DELETE	2.1 TITLE	P	☐ Change ☒ Addition
NAME	OGILVIE, DAVID A.		2.2 NAME	Robert G. Bohn	
STREET ADDRESS	W8546 WHITETAIL TRAIL		2.3 STREET ADDRESS	1945 Hickory Lane	
CITY-ST-ZIP	HORTONVILLE WI		2.4 CITY-ST-ZIP	Oshkosh, WI 54901	
TITLE	D	☒ DELETE	3.1 TITLE	V	☐ Change ☒ Addition
NAME	OGILVIE, DOUGLAS A.		3.2 NAME	Lloyd A. De Wald	
STREET ADDRESS	W8202 U.S. HIGHWAY 10		3.3 STREET ADDRESS	3600 N. Rankin Street	
CITY-ST-ZIP	HORTONVILLE WI		3.4 CITY-ST-ZIP	Appleton, WI 54911	
TITLE	P	☒ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	REESE, MICHAEL R.		4.2 NAME	Charles L. Szews	
STREET ADDRESS	1108 EAST OVERLAND RD		4.3 STREET ADDRESS	2916 Prairie Wood Lane	
CITY-ST-ZIP	APPLETON WI		4.4 CITY-ST-ZIP	Oshkosh, WI 54904	
TITLE	S	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	WICKHAM, GAIL M.		5.2 NAME	Scott L. Ney	
STREET ADDRESS	W6649 GREENVILLE DRIVE		5.3 STREET ADDRESS	845 West 19th Street	
CITY-ST-ZIP	GREENVILLE WI		5.4 CITY-ST-ZIP	Oshkosh, WI 54901	
TITLE		☐ DELETE	6.1 TITLE	S	☐ Change ☒ Addition
NAME			6.2 NAME	Timothy M. Dempsey	
STREET ADDRESS			6.3 STREET ADDRESS	3980 Windermere Lane	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Oshkosh, WI 54901	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Timothy M. Dempsey 4/29/97 414-233-9422