## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # P40406** PIERCE MANUFACTURING INC. હ 01-29-2001 90044 020 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 2017 2600 AMERICAN DRIVE APPLETON WI 54915 APPLETON WI 54913-2017 UUUUU3431 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 39-0139830 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEN-8 FIRE EQUIPMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 2904 59TH AVENUE DR., EAST **BRADENTON FL 34203** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PC00 ☐ Addition ☐ Delete TITLE TITLE RANDJELOVIC, JOHN NAME NAME STREET ADDRESS **422 OLDE PALTZER COURT** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APPLETON WI 54915 ☐ Addition CCEO ☐ Change TITLE ☐ Delete TITLE BOHN, ROBERT G NAME NAME STREET ADDRESS 1945 HICKORY LANE STREET ADDRESS CITY-ST-ZIP OSHKOSH WI 54901 CITY-ST-ZIP VPGM: ☐ Change ☐ Addition ☐ Delete TITLE TITLE WUEST, MICHAEL J NAME NAME STREET ADDRESS 56 STREETER COURT STREET ADDRESS CITY-ST-ZIP FOND DU LAC WI 54935 CITY-ST-ZIP **VCFO** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SZEWS, CHARLES L NAME NAME 2916 PRAIRIE WOOD LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OSHKOSH WI 54904 Change ☐ Addition ☐ Delete TITLE TITLE NEY, SCOTT L NAME 845 W 19TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OSHKOSH WI** ☐ Addition EVS Change ☐ Delete TITLE TITLE DEMPSEY, TIMOTHY M NAME NAME STREET ADDRESS STREET ADDRESS 3980 WINDERMERE LN CITY-ST-ZIP CITY-ST-ZIP OSHKOSH WI 54901

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attackment withan address, with all other like empowered. 920-233-9422

SIGNING OFFICER OR DIRECTOR

Timothy M. Dempsey

ıment withan address

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Daytime Phone #

1/12/01