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FILED
Feb 11, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-11-1999 90034 025 ***150.00

DOCUMENT # 821931

1. Corporation Name
SAUER INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 30 FIFTY-FIRST ST. PITTSBURGH PENNSYLVANIA 15201
 Mailing Address: 30 FIFTY-FIRST ST. PITTSBURGH PENNSYLVANIA 15201

3. Date incorporated or Qualified: **10/08/1968**

4. FEI Number: **25-0776180** 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 owes the current year Intangible Personal Property Tax. 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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. (NOTE: Registered Agent signature required when reinstating) DATE: []

12. OFFICERS AND DIRECTORS

TITLE: **ST** DELETE
 NAME: **KILIANY, T. R.**
 STREET ADDRESS: **30 51ST ST**
 CITY-ST-ZIP: **PITTSBURGH PA**

TITLE: **V** DELETE
 NAME: **WICKERSTY, NEIL J.**
 STREET ADDRESS: **11223 PHILLIPS PKWY E.**
 CITY-ST-ZIP: **JACKSONVILLE FL**

TITLE: **V** DELETE
 NAME: **BOCZKOWSKI, R. L.**
 STREET ADDRESS: **30 51ST ST.**
 CITY-ST-ZIP: **PITTSBURGH PA**

TITLE: **VD** DELETE
 NAME: **STEITZ, C. D.**
 STREET ADDRESS: **474 CHAMBERS RD**
 CITY-ST-ZIP: **COLUMBUS OH**

TITLE: **PD** DELETE
 NAME: **STEITZ, WILLIAM N**
 STREET ADDRESS: **30 51ST ST**
 CITY-ST-ZIP: **PITTSBURGH PA**

TITLE: **VD** DELETE
 NAME: **STEITZ, TIMOTHY M**
 STREET ADDRESS: **30 51ST STREET**
 CITY-ST-ZIP: **PITTSBURGH PA**

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: []

14. 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 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, with all other like empowered.

SIGNATURE: **Terence R. Kiliany** **REQUIRED** 1/21/99 (412) 687-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)