

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**

01-21-2000 90016 027 \*\*\*150.00

**DOCUMENT # 821931**

1. Entity Name  
**SAUER INCORPORATED**

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

102014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      **25-0776180**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 \_\_\_\_\_  
 City      **FL**      Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> Delete
NAME	KILIANY, T. R.	
STREET ADDRESS	30 51ST ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	V	<input type="checkbox"/> Delete
NAME	WICKERSTY, NEIL J.	
STREET ADDRESS	11223 PHILLIPS PKWY E.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BOCZKOWSKI, R. L.	
STREET ADDRESS	30 51ST ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEITZ, C. D.	
STREET ADDRESS	474 CHAMBERS RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STEITZ, WILLIAM N	
STREET ADDRESS	30 51ST ST	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEITZ, TIMOTHY M	
STREET ADDRESS	30 51ST STREET	
CITY-ST-ZIP	PITTSBURGH PA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David L. Casciani	
STREET ADDRESS	30 51st Street	
CITY-ST-ZIP	Pittsburgh, PA 15201	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE: *Tera R. Kelly*      Date: 1/7/00      (412) 687-3604  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #

CR2E034 (9/99)