

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90129 016 ***550.00

DOCUMENT # 821931

1. Entity Name
SAUER INCORPORATED

Principal Place of Business

**30 FIFTY-FIRST ST.
 PITTSBURGH PA 15201**

Mailing Address

**30 FIFTY-FIRST ST.
 PITTSBURGH PA 15201**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **25-0776180**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	ZECHMAN, GREGORY S	
STREET ADDRESS	11223 PHILLIPS PKWY DR. E.	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASCIANI, DAVID 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	<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	<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: *Florence R Kiliany* **FLORENCE R Kiliany** 7-23-2002 412-687-4100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)