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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821649 (1)
1. Corporation Name
APPLIED AUTOMATION INC.

Principal Place of Business Mailing Address
PAWHUSKA ROAD P.O. BOX 9999 BARTLESVILLE OK 74005

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1968	3a. Date of Last Report 04/19/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 73-0772340	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, hand 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOW, DAVID	1.2 NAME	
STREET ADDRESS	305 E&A BUILDING	1.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE OK	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, STEVE R.	2.2 NAME	
STREET ADDRESS	309 E & A BLDG.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE, OK 0	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUGH, GARY	3.2 NAME	
STREET ADDRESS	330 E & A BUILDING	3.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE, OK 0	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEDGE, ROBERT W.	4.2 NAME	
STREET ADDRESS	330 E&A BUILDING	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE, OK 0	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFETA, BARRY	5.2 NAME	
STREET ADDRESS	136 E & A BLDG	5.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE OK	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, BERNHARD	6.2 NAME	
STREET ADDRESS	450 PARK AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Sandra B. Moriham* 4-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature) (Title #)