


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821649 (1)
 1. Corporation Name
APPLIED AUTOMATION INC.



Principal Place of Business PAWHUSKA ROAD P.O. BOX 9999 BARTLESVILLE OK 74005	Mailing Address PAWHUSKA ROAD P.O. BOX 9999 BARTLESVILLE OK 74005-9999
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2. Principal Place of Business 21 Suite Apt # etc. 22 City & State 23 Zip	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip	24 Country 25	29 Country 30
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3. Date Incorporated or Qualified 07/16/1968	3a. Date of Last Report 05/01/1996
4. FEI Number 73-0772340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, STEVE R.	1.2 NAME	M. Santo
STREET ADDRESS	309 E & A BLDG.	1.3 STREET ADDRESS	29801 Euclid Avenue
CITY-ST-ZIP	BARTLESVILLE, OK 0	1.4 CITY-ST-ZIP	Wickliffe, OH 44097
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAUGH, GARY	2.2 NAME	
STREET ADDRESS	330 E & A BUILDING	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE, OK 0	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Vice President / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTLEDGE, ROBERT W.	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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFETA, BARRY	4.2 NAME	
STREET ADDRESS	136 E & A BLDG	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTLESVILLE OK	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHNEIDER, BERNHARD	5.2 NAME	M.W. Zaharna
STREET ADDRESS	450 PARK AVE	5.3 STREET ADDRESS	29801 Euclid Avenue
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	Wickliffe, OH 44097
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GARY VAIL
STREET ADDRESS		6.3 STREET ADDRESS	29801 Euclid Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Wickliffe OH 44097

14. I do 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** **7/24/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)