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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

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



2. Principal Place of Business

21 Suite Apt # etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ 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

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 S ☒ DELETE
NAME HARRISON, STEVE R.
STREET ADDRESS 309 E & A BLDG.
CITY-ST-ZIP BARTLESVILLE, OK 0

TITLE DP ☐ DELETE
NAME WAUGH, GARY
STREET ADDRESS 330 E & A BUILDING
CITY-ST-ZIP BARTLESVILLE, OK 0

TITLE V ☐ DELETE
NAME RUTLEDGE, ROBERT W.
STREET ADDRESS 330 E&A BUILDING
CITY-ST-ZIP BARTLESVILLE, OK 0

TITLE V ☐ DELETE
NAME PROFETA, BARRY
STREET ADDRESS 136 E & A BLDG
CITY-ST-ZIP BARTLESVILLE OK

TITLE D ☒ DELETE
NAME SCHNEIDER, BERNHARD
STREET ADDRESS 450 PARK AVE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary / Director ☐ Change ☒ Addition
1.2 NAME Mr. Santo
1.3 STREET ADDRESS 29801 Euclid Avenue
1.4 CITY-ST-ZIP Wickliffe, OH 44097

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Vice President / Director ☒ 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 Director ☐ Change ☒ Addition
5.2 NAME Mr. N. Zaharna
5.3 STREET ADDRESS 29801 Euclid Avenue
5.4 CITY-ST-ZIP Wickliffe, OH 44097

6.1 TITLE Director ☐ Change ☒ Addition
6.2 NAME GARY Vail
6.3 STREET ADDRESS 29801 Euclid Avenue
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/97
Date

Daytime Phone #

CR2E034 (9/96)