

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/16/1968	
4. FEI Number 73-0772340	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTO, M	1.2 NAME	
STREET ADDRESS	29801 EUCLID AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	WICKLIFFE OH	1.4 CITY - ST - ZIP	
TITLE	DP	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	VPD	3.1 TITLE	<input 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROFETA, BARRY	4.2 NAME	
STREET ADDRESS	138 E & A BLDG	4.3 STREET ADDRESS	
CITY - ST - ZIP	BARTLESVILLE OH	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAHARNA, M.N.	5.2 NAME	
STREET ADDRESS	29801 WUCLID AVE	5.3 STREET ADDRESS	29801 EUCLID AVE.
CITY - ST - ZIP	WICKLIFFE OH	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIL, FARRY	6.2 NAME	GARRY Vail
STREET ADDRESS	29801 EUCLID AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	WICKLIFFE OH	6.4 CITY - ST - ZIP	

14. 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 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:  **GARY WAUGH** 4-7-98 918-662-7307

CR2E034 (10/97)