

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 28 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 821931 (3)

1. Corporation Name
SAUER INCORPORATED

Principal Place of Business Mailing Address
**30 FIFTY-FIRST ST.
PITTSBURGH PENNSYLVANIA 15201** **30 FIFTY-FIRST ST.
PITTSBURGH PENNSYLVANIA 15201**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
10/08/1968 **02/14/1994**

4. FEI Number Applied For
25-0776180 Not Applicable

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

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27
City & State City & State

23 28
Zip Zip Country Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 necessary

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST**
NAME **KILIANY, T. R.**
STREET ADDRESS **30 51ST ST**
CITY-ST-ZIP **PITTSBURGH PA**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **V**
NAME **WICKERSTY, NEIL J.**
STREET ADDRESS **11223 PHILLIPS PKWY E.**
CITY-ST-ZIP **JACKSONVILLE FL**

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

TITLE **P**
NAME ~~**MCCORNUCK, D. I.**~~ *delete*
STREET ADDRESS ~~**30 51ST ST**~~
CITY-ST-ZIP ~~**PITTSBURGH PA**~~

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **V**
NAME **BOCZKOWSKI, R. L.**
STREET ADDRESS **30 51ST ST**
CITY-ST-ZIP **PITTSBURGH PA**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD**
NAME **STEITZ, C. D.**
STREET ADDRESS **30 51ST ST**
CITY-ST-ZIP **PITTSBURGH PA**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VD**
NAME **STEITZ, WILLIAM N**
STREET ADDRESS **30 51ST ST**
CITY-ST-ZIP **PITTSBURGH PA**

6.1 TITLE Change Addition
6.2 NAME **PD**
6.3 STREET ADDRESS
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 907, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or omitted in not checked with an addition.

SIGNATURE:

William N Steitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 *412-687-4100*
DATE Address (Phone #)