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Feb 11, 1999 8:00am
Secretary of State

02-11-1999 90034 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 821931

1. Corporation Name

SAUER INCORPORATED

Principal Place of Business

30 FIFTY-FIRST ST.
PITTSBURGH PENNSYLVANIA 15201

Mailing Address

30 FIFTY-FIRST ST.
PITTSBURGH PENNSYLVANIA 15201

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/08/1968

4. FEI Number

25-0776180

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

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 ST
NAME KILIAN, T. R.
STREET ADDRESS 30 51ST ST
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

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

☐ DELETE

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

☐ DELETE

TITLE VD
NAME STEITZ, C. D.
STREET ADDRESS 474 CHAMBERS RD
CITY-ST-ZIP COLUMBUS OH

☐ DELETE

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

☐ DELETE

TITLE VD
NAME STEITZ, TIMOTHY M
STREET ADDRESS 30 51ST STREET
CITY-ST-ZIP PITTSBURGH PA

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terence R. Kiliany

1/21/99

(412) 687-4100

Date

Daytime Phone #

CR2E034 (11/98)