ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004099 (8)

1. Corporation Name
APPLIED POWER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
9300 UNDERWOOD AVENUE, SUITE 400 OMAHA NE 68114-2684	9300 UNDERWOOD AVENUE, SUITE 400 OMAHA NE 68114-2684

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/07/1993	06/08/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	47-0647846	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / County 25	Zip 29 / County 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	☐ Change ☐ Addition
NAME	STEVENS, SPENCER C	1.2 NAME	
STREET ADDRESS	9300 UNDERWOOD AVE.,SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-2684	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D ☒ Change ☐ Addition
NAME	ARNOLD, RICHARD C	2.2 NAME	PHILLIP D. MEYERS
STREET ADDRESS	9300 UNDERWOOD AVE., SUITE 400	2.3 STREET ADDRESS	11308 DAVENPORT ST.
CITY-ST-ZIP	OMAHA NE 68114-2684	2.4 CITY-ST-ZIP	OMAHA, NE 68154
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SPROUL, JOSEPH C	3.2 NAME	
STREET ADDRESS	9300 UNDERWOOD AVE., SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-2684	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	BANDARS, KATHRYN R	4.2 NAME	
STREET ADDRESS	9300 UNDERWOOD AVE., SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-2684	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	PEARSON, JON F	5.2 NAME	
STREET ADDRESS	9300 UNDERWOOD AVE., SUITE 400	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-2684	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VRTISKA, IVAN A	6.2 NAME	
STREET ADDRESS	9300 UNDERWOOD AVE., SUITE 400	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE 68114-2684	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 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: Jon Pearson JON F. PEARSON 4/27/95 402/390-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478136 FP