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FILED
May 09 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 # F93000004099 (8)

1. Corporation Name

APPLIED POWER ASSOCIATES, INC.

Principal Place of Business

9300 UNDERWOOD AVENUE, SUITE 400
OMAHA NE 68114-2684

Mailing Address

9300 UNDERWOOD AVENUE, SUITE 400
OMAHA NE 68114-2684

3. Date Incorporated or Qualified

09/07/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

47-0647846

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 to whom it is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME STEVENS, SPENCER C
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684 ☐ DELETE

TITLE D
NAME PHILLIP D. MEYERS
STREET ADDRESS 11308 DAVENPORT ST.
CITY-ST-ZIP OMAHA NE ☐ DELETE

TITLE D
NAME SPROUL, JOSEPH C
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684 ☐ DELETE

TITLE S
NAME BANDARS, KATHRYN R
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684 ☐ DELETE

TITLE T
NAME PEARSON, JON F
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684 ☐ DELETE

TITLE D
NAME VRTISKA, IVAN A
STREET ADDRESS 9300 UNDERWOOD AVE., SUITE 400
CITY-ST-ZIP OMAHA NE 68114-2684 ☐ DELETE

13. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE David C. Purdy ☐ Change ☒ Addition
1.2 NAME 9300 Underwood Ave., Suite 400
1.3 STREET ADDRESS Omaha, NE 68114-2684
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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: *Jon F. Pearson* 4/30/97 402/390-9300

CR2E034 (9/96)